



Department of Defense HIV/ AIDS Prevention Program: Annual Report 2015



Naval Health Research Center

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Human subjects participated in this study after giving their free and informed consent. This research has been conducted in compliance with all applicable federal regulations governing the protection of human subjects in research.

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Department of Defense
HIV/AIDS
Prevention Program

Annual Report | 2015



Table of Contents

Acronyms and Abbreviations	i
Executive Summary	iii
Introduction	vi
Military International HIV/AIDS Training Program	viii
Seroprevalence and Behavioral Epidemiology Risk Survey	xii

Country Reports

US AFRICA COMMAND

CENTRAL REGION

Angola	4
Burundi	7
Cameroon	10
Chad	13
Democratic Republic of the Congo	15
Gabon	18
Republic of the Congo	20
Sao Tomé and Príncipe	22

EAST REGION

Djibouti	25
Ethiopia	28
Kenya	31
Rwanda	35
South Sudan	39
Tanzania	43
Uganda	47
Union of Comoros	52

NORTH REGION

Tunisia	55
---------	----

SOUTH REGION

Botswana	58
Lesotho	61
Malawi	64
Mozambique	67
Namibia	71
South Africa	74
Swaziland	77
Zambia	80

WEST REGION

Benin	85
Burkina Faso	87
Côte d'Ivoire	89
Gambia, The	92
Ghana	94
Guinea	97
Liberia	99
Niger	103
Nigeria	105
Senegal	109
Sierra Leone	112
Togo	115

US EUROPEAN COMMAND

Estonia	121
Moldova	124
Serbia	126
Ukraine	128

US PACIFIC COMMAND

Indonesia	132
Laos	135
Timor-Leste	137
Vietnam	139

US SOUTHERN COMMAND

Belize	144
Colombia	146
Dominican Republic	149
El Salvador	152
Guatemala	155
Guyana	158
Honduras	160
Jamaica	163
Nicaragua	166
Peru	168
Suriname	170
Trinidad and Tobago	173

Appendix A: Acknowledgments	176
------------------------------------	-----

Appendix B: References	177
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Appendix C: Global Map of DHAPP Country Programs	179
---	-----

Appendix D: DHAPP Country Programs by Funding Source	180
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Acronyms and Abbreviations

AIDS – acquired immunodeficiency syndrome
ART – antiretroviral therapy
ARV – antiretroviral
ARVs – antiretroviral drugs
BCC – behavior change communication
CDC – US Centers for Disease Control and Prevention
COP – Country Operational Plan
COPRECOS – Committee on the Prevention and Control of HIV/AIDS in the Armed Forces and National Police
DAO – US Defense Attaché Office
DHAPP – US Department of Defense HIV/AIDS Prevention Program
DHP – Defense Health Program
DoD – US Department of Defense
ELISA – enzyme-linked immunosorbent assay
FHI 360 – Family Health International
FY – fiscal year
FY15 – fiscal year 2015 (covers period of 1 Oct 2014 to 30 Sep 2015)
GBV – gender-based violence
GDP – gross domestic product
HIV – human immunodeficiency virus
HTC – HIV testing and counseling
HTS – HIV testing services
IMF – International Monetary Fund
MHRP – Military HIV Research Program
MIHTP – Military International HIV/AIDS Training Program
MLO – US Military Liaison Office
MOD – Ministry of Defense
MOH – Ministry of Health
NAMRU – US Naval Medical Research Unit
NGO – nongovernmental organization
OCONUS – Outside the Continental United States

ODC – US Office of Defense Cooperation
 OGAC – US Office of the Global AIDS Coordinator
 OI – opportunistic infection
 OSC – US Office of Security Cooperation
 OVC – orphans and vulnerable children
 PASMO – Pan-American Social Marketing Organization (Population Services International affiliate in Central America)
 PEPFAR – The US President’s Emergency Plan for AIDS Relief
 PHDP – Positive Health, Dignity, and Prevention
 PITC – provider-initiated testing and counseling
 PKO – peacekeeping operation
 PLHIV – people living with HIV/AIDS
 PMTCT – prevention of mother-to-child transmission
 PSI – Population Services International
 PWID – people who inject drugs
 SABERS – HIV Seroprevalence and Behavioral Epidemiology Risk Survey
 SLMTA – Strengthening Laboratory Management Towards Accreditation program
 STD – sexually transmitted disease
 STI – sexually transmitted infection
 TA – technical assistance
 TB – tuberculosis
 UN – United Nations
 UNAIDS – Joint United Nations Programme on HIV/AIDS
 UNGASS – United Nations General Assembly Special Session
 US – United States
 USAFRICOM – US Africa Command
 USAID – US Agency for International Development
 USCENTOM – US Central Command
 USEUCOM – US European Command
 USG – US Government
 USPACOM – US Pacific Command
 USSOUTHCOM – US Southern Command
 VMMC – voluntary medical male circumcision
 WRAIR – Walter Reed Army Institute of Research
 WHO – World Health Organization



Executive Summary

Colleagues,

The US Department of Defense HIV/AIDS Prevention Program (DHAPP), headquartered at the Naval Health Research Center in San Diego, California, currently supports military HIV prevention, care, and treatment activities in 57 countries where programs serve 4.8 million military members and at least as many dependent family members. We continue to see growing evidence that this support is also reaching many civilian communities that surround military bases and depend on these bases for health care services. The entire health care systems of many militaries around the world have benefited from the health education, health worker training, laboratory capacity building, facilities construction, surveillance tools, clinical treatment, and testing services provided through the collective efforts of everyone involved in reaching military populations with HIV services.

This report documents the role of the DoD in the US President's Emergency Plan for AIDS Relief (PEPFAR), the largest international health initiative dedicated to a single disease in US Government (USG) history. Through PEPFAR and DoD resources, DoD provides the world's largest source of HIV assistance to militaries and works with a worldwide cadre of military HIV experts to combat the harm and devastation that HIV inflicts on the health and readiness of the world's military populations. Inside this report are the results of the work of thousands of dedicated military and civilian personnel from around the world who are working tirelessly to fight the HIV/AIDS epidemic occurring among military personnel, their families, and civilian communities surrounding military bases.

Each year, we continue to succeed in reducing the impact of the HIV/AIDS epidemic on military populations and individuals infected with HIV. Along with our many partners, we continue to prevent new infections, and to find better ways to care for and treat military members and their families with HIV infection. We also provide support to our partner militaries to build their operational capability and their defense institutions. Encouraging sustainability through the development of local capacity and expansion of facilities remains an important priority for our program.

Dr. Deborah Birx, Ambassador-at-Large and Coordinator of the US Government Activities to

Combat HIV/AIDS, continues to lead the PEPFAR initiative. Her vision for the third phase of PEPFAR includes sustainability and a shared responsibility with countries, with a focus on quality, oversight, transparency, and accountability for impact and accelerating core interventions for epidemic control. This vision for epidemic control under the current global budget constraints is best summarized by the ongoing theme for PEPFAR that requires all partners to deliver the “right things, in the right places, right now.”

For DHAPP’s partner military programs, regardless of their funding source, “right things” include scaling up activities that are critical to saving lives and preventing new infections. These activities include combination prevention (prevention of mother-to-child transmission services, antiretroviral therapy, condom provision, and voluntary male medical circumcision). Additional activities include linking HIV-positive military members and their family members to care services, retaining them on treatment, and achieving continuous viral load suppression, as well as strengthening military health systems, specifically laboratory and strategic information activities, to maximize core epidemic control activities. Program implementation in 2015 also began to shift program focus to the “right places.” Military programs are now using program and HIV Seroprevalence and Behavioral Epidemiology Risk Survey (SABERS) data to pivot programming to occur at the highest HIV burden military sites and the highest volume facilities.

DHAPP is using a data-driven approach to program monitoring and evaluation to deliver the right things in the right places, “right now.” DoD is part of the Interagency Collaborative for Program Improvement (ICPI) that was established in November 2014. The ICPI has helped build the program analytic cycle that focuses on targets, results, quality of programs, and cost, reviewed on a quarterly basis by PEPFAR Oversight Accountability Response Teams. The continual monitoring of program impact on quality, results, and cost allows programs to become more agile as we strive for an AIDS-free generation.

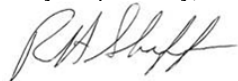
During 2015, each PEPFAR implementing agency also began implementing additive agency leadership roles to broaden USG’s impact on HIV/AIDS around the globe. DoD, through the leadership of Dr. Jonathan Woodson, Assistant Secretary of Defense for Health Affairs (ASD(HA)), chose to focus on three areas to further advance the military’s response to combating HIV: expanding HIV clinical training, documenting partner military progress and lessons learned since the inception of PEPFAR, and presenting collected data on both attitudes and experiences as they relate to sexual- and gender-based violence in militaries as part of DHAPP SABERS studies.

In July 2015, DHAPP hosted and 3 partner militaries participated in the inaugural Regional Military International HIV Training Program (Regional MIHTP) in Lilongwe, Malawi, in response to DoD’s leadership role to expand HIV clinical training. Regional MIHTP expands the capacity of the San Diego-based residential training program that DHAPP has provided to partner militaries for the last 10 years by using existing military physicians, trainers, and logistics capabilities to bring clinical training to trainees in-country. MIHTP is no longer limited by geography. MIHTP has built the capacity of partner militaries to make an impact on the HIV/AIDS epidemic, as well as contain other blood-borne pathogen outbreaks such as Ebola virus. The Regional MIHTP curriculum specifically included an experiential training module on donning and doffing personal protective equipment and clothing exposed to blood-borne pathogens. Further information and results, including pre- and post-test scores for trainees, are included in this report.

In FY 2015, DHAPP had some great accomplishments. During the period from October 2014 to September 2015, 111,810 HIV-positive adults and children received at least one of the following: clinical assessment (WHO staging), CD4 count, or viral load. To promote early and more effective treatment of HIV-infected persons, and to encourage individuals to take preventive measures against new infections, 692,683 military and family members were counseled and tested for HIV infection and received their test results, and 737,536 military and family members completed a standardized HIV prevention intervention. A total of 67,653 pregnant women knew their HIV status because testing and counseling services were provided to them, and 4,356 HIV-positive pregnant women received antiretroviral drugs to reduce their risk of mother-to-child transmission during pregnancy and delivery. During this period, a total of 106,976 adults and children were receiving antiretroviral therapy and 89,969 men were circumcised as part of the minimum package of male circumcision services for HIV prevention.

Thanks to countless dedicated partners in 57 militaries, DHAPP staff, personnel in the offices of the Under Secretary of Defense for Policy and the ASD(HA), medical personnel from all US Armed Services, personnel from each Unified Combatant Command, the PEPFAR interagency team, members of the US Embassy Country Support Teams, and 54 nongovernmental organizations and universities, we have made unbelievable progress in this fight. We should be very proud of the work we all have done!!

Very respectfully,

A handwritten signature in dark ink, appearing to read 'R. A. Shaffer', written in a cursive style.

Richard A. Shaffer, Ph.D.
Executive Director

Introduction



The US Government has a long history and extensive network of international collaboration and partnerships in the fight against HIV/AIDS, providing funding, technical assistance, and program support, starting with the Leadership and Investment in Fighting an Epidemic (LIFE) Initiative in 1999. These collaborations increase the fundamental understanding of HIV transmission and provide an evaluative basis for prevention and intervention success. The current HIV/AIDS epidemic is devastating and has negatively affected many militaries and other uniformed organizations worldwide by reducing military readiness, limiting deployments, causing physical and emotional decline in infected individuals and their families, posing risks to military personnel and their extended communities, and impeding peacekeeping activities. In response to this threat, the White House urged the US Department of Defense (DoD) to participate in the LIFE Initiative and focus on prevention programming in sub-Saharan Africa. Because of expertise gained from the DoD LIFE Initiative, the US Navy was designated in 2001 as the Executive Agent and the Initiative was renamed the DoD HIV/AIDS Prevention Program (DHAPP). Currently, DHAPP is mandated by Directive 6485.02E (revised in December 2013) to support all DoD global HIV prevention programs and is administered through the Naval Health Research Center in San Diego, California.

Over the years, DHAPP has successfully engaged over 80 countries in an effort to combat HIV/AIDS among their respective military services. DHAPP is the DoD implementing agency collaborating with the US Department of State, the Health Resources and Services Administration, Peace Corps, US Agency for International Development (USAID), and the Centers for Disease Control and Prevention (CDC), in the US President's Emergency Plan for AIDS Relief (PEPFAR). DHAPP receives funding for its programs from two sources: a congressional plus-up to the Defense Health Program (DHP) and funding transfers from the Department of State for PEPFAR. Programs that are supported by DHAPP receive only one form of the previously mentioned funding. Foreign Military Financing (FMF) was previously used by DoD, however, FMF funding ceased in 2011 and is no longer available. Working closely with DoD, US Unified Combatant Commanders, Joint United Nations Programme on HIV/AIDS (UNAIDS), university collaborators, and other nongovernmental organizations (NGOs), DHAPP's goal is to maximize program impact by focusing on the drivers of the epidemic specific to the military, and to support the development of interventions and programs that address these issues.

In the Security Cooperation Guidance, the US Secretary of Defense has identified HIV/AIDS in foreign militaries as a national security issue. Pursuing HIV/AIDS activities with foreign militaries is clearly tied to security interests, regional stability, humanitarian concerns, counterterrorism, and peacekeeping efforts due to the impact of HIV/AIDS as a major destabilizing factor in developing societies. DHAPP employs an integrated bilateral and regional strategy for HIV/AIDS cooperation and security assistance. Using country priorities set by the US Under Secretary of Defense for Policy and by the Office of the Global AIDS Coordinator, DHAPP implements bilateral and regional strategies in coordination with respective Combatant Commands and PEPFAR Country Support Teams to offer military-to-military HIV/AIDS program assistance. DHAPP provides strategic information and supports defense forces in HIV prevention, care, and treatment for HIV-infected individuals and their families.

In fiscal year (FY) 2015 DHAPP supported 57 active programs, mainly through direct military-to-military cooperation in addition to support from contracting external organizations and academic institutions to assist with specific aspects of proposed programs. Partners in FY15 included 54 NGOs and universities working in 40 countries. This report outlines those accomplishments and significant impacts among the active programs that DHAPP supported in FY15. The program indicators used in this report are referred to as Next Generation Indicators for DHP countries and Monitoring, Evaluation, and Reporting (MER) indicators for PEPFAR-funded country programs. The PEPFAR Stewardship and Oversight Act of 2013 requires a robust annual report, the first of which was scheduled in February 2015 describing PEPFAR implementation during FY14. This new legislation accelerated implementation of PEPFAR's revised approach to monitoring, evaluation, and reporting. DHAPP has aligned with the MER strategic plan and will provide technical assistance and training to support the transition to collecting and reporting data using MER indicators for DHP-funded programs in FY16.

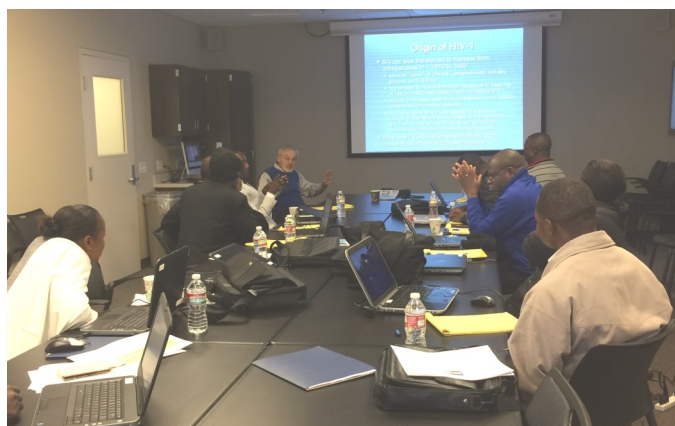
Military International HIV/AIDS Training Program

*Reducing the incidence of HIV/AIDS among
uniformed personnel across the globe*



BACKGROUND

Clinical training for physicians, nurses, and other health care providers on the management of HIV prevention, care, and treatment is an essential element of any training program. To meet the training needs of military programs, DHAPP has continued the Military International HIV Training Program (MIHTP) clinical course, during which clinicians from militaries around the world have had the unique opportunity to visit the United States for 30 days. Participants experience in-depth lectures, tour US medical facilities, and take part in rounds and counseling sessions with HIV patients. Participants are exposed to the most up-to-date advances in HIV prevention and care, specifically ART, treatment of OIs, and epidemiology. The San Diego-based MIHTP, which is typically administered twice per year, involves intense study, collaboration, and coordination. During FY15, 10 clinicians from 6 countries participated in the month-long MIHTP clinical course. DHAPP staff examined results from the training sessions that took place in FY15 to assess the program's effectiveness.



In an effort to maximize impact and increase efficiencies, MIHTP was adapted into an intensive 2-week Regional MIHTP for the first time during FY15. Core lectures from the original MIHTP were compacted and hands-on experience in personal protective equipment for infectious disease control was added to the program. The inaugural Regional MIHTP was held in Malawi and trained 28 clinicians from 3 different countries within the region.

MEASURES OF EFFECTIVENESS

Pre- and post-tests have been developed with the expertise of the physicians and epidemiologists affiliated with DHAPP, Naval Medical Center San Diego (NMCSD), University of California San Diego (UCSD), and San Diego State University (SDSU).

The San Diego-based MIHTP clinical course test consists of 40 multiple-choice questions and the Regional MIHTP clinical course test consists of 63 multiple-choice questions taken directly from the lectures, covering topics such as ART, military policies, OIs, and statistical analysis. Pre-tests are administered during the trainees' orientation prior to any lectures; if needed, the test is translated and back translated into the trainees' native languages. Post-tests are administered on the last day of the training. The test comparisons allow for evaluation of the trainees' competence in the subject matter, and identification of areas for improvement, emphasis, or deletion in the curriculum.

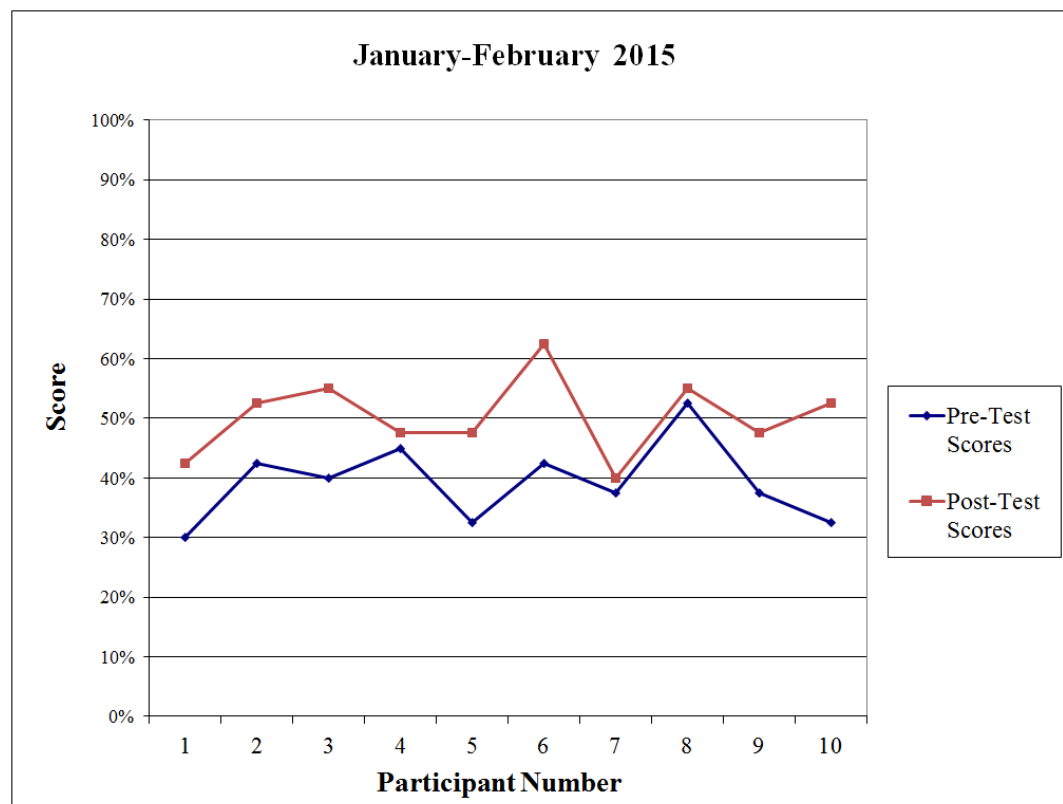


RESULTS

San Diego-based MIHTP clinical course, January through February 2015: Benin, Burkina Faso, Cameroon, Gabon, Niger, and Togo

Ten (10) participants attended this training session: 3 from Benin, 2 from Burkina Faso, 1 from Cameroon, 1 from Gabon, 1 from Niger, and 2 from Togo. All trainees took part in the testing. Pre-test scores ranged from 30% to 52.5%, and post-test scores ranged from 40% to 62.5%. The average pre-test score increased from 39.25% to a post-test average of 50.25%. The graph shows that all participants' scores improved on the post-test, with a difference in scores ranging from a 2.5% increase to as much as a 20% increase before and after the January–February 2015 MIHTP course duration.

A paired-samples *t*-test was conducted to compare pre- and post-test scores. There was a significant difference in the scores from pre-test ($M = 39.25\%$, $SD = 6.78$) to post-test ($M = 50.25\%$, $SD = 6.61$); $t(9) = 0.001$, $p < 0.05$.

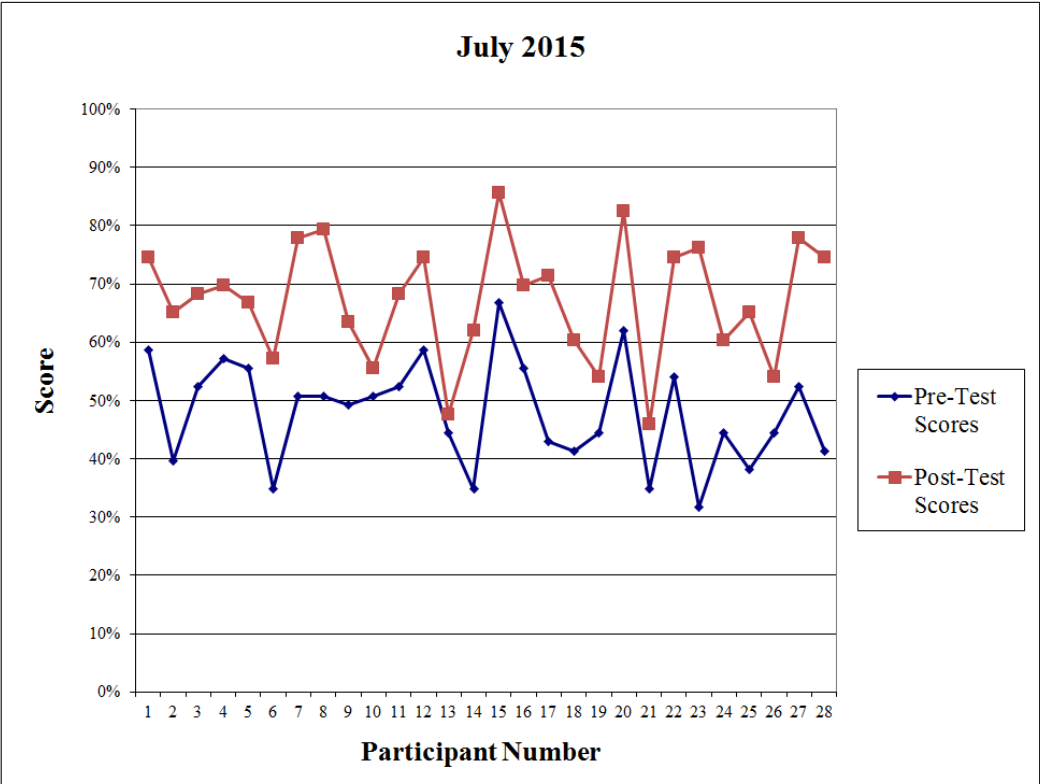


Regional MIHTP clinical course, July 2015: Malawi, Swaziland, and Zambia

Twenty-eight (28) clinicians attended the first Regional MIHTP course: 15 from Malawi, 2 from Swaziland, and 11 from Zambia. All participants took part in the testing. Pre-test scores ranged from 31.7% to 66.7%, and post-test scores ranged from 46% to 85.7%. The average pre-test score increased from 48% to a post-test average of 67.24%. The graph shows that all participants' scores improved on the post-test, with the difference in scores ranging from a 3.2% increase to as much as a 44.4% increase before and after the July 2015 MIHTP course.

A paired-samples *t*-test was conducted to compare pre- and post-test scores. There was a significant difference in the scores from pre-test ($M = 48\%$, $SD = 9.03$) to post-test ($M = 67.24\%$, $SD = 10.27$); $t(27) = -11.255$, $p < 0.05$.





DISCUSSION

San Diego-Based Clinical Course

Data have been collected from the same pre- and post-test over the past 30 MIHTP sessions (May 2004 through February 2015). To date, 184 participants have taken the pre- and post-test, with a 49.2% pre-test average and a 67.2% post-test, resulting in an overall increase of 18%. The difference in aggregate scores at a $p < 0.01$ significance level indicates that the increase in scores is not by chance, it can be attributed to the efficacy of the MIHTP course.

Regional MIHTP Clinical Course

Since the Regional MIHTP course pre- and post-test is different from the San Diego-based MIHTP pre- and post-test, cumulative test scores will be maintained separately. Therefore, after the completion of the second Regional MIHTP (and each Regional MIHTP hereafter), a separate paired-samples t -test will be run with the cumulative pre- and post-test scores to evaluate the overall efficacy of the Regional MIHTP course. Results of the cumulative change in participants' pre- and post-test scores will hereafter be included in the Regional MIHTP course report.

The MIHTP clinical course continues to grow and evolve, and these results show the efficacy of the course through the increase in participants' knowledge.

Seroprevalence and Behavioral Epidemiology Risk Survey

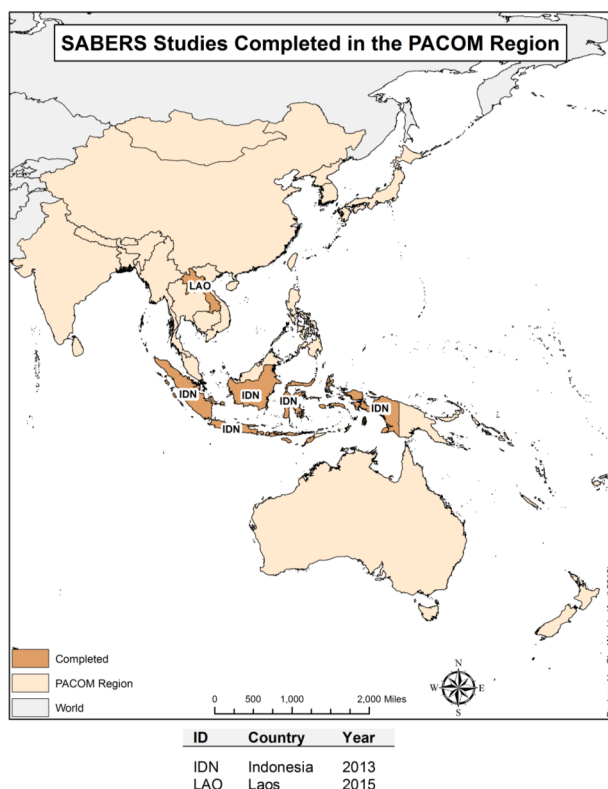
Reducing the incidence of HIV/AIDS among uniformed personnel across the globe



Characterizing HIV infection and associated risk behaviors within military populations is critical for understanding the epidemic and informing prevention activities. However, the prevalence of HIV and related risk behaviors is often unknown. Further, militaries may not have the systems in place or the staff expertise to conduct HIV surveillance and risk behavior studies. Collaborating with partner militaries in conducting Seroprevalence and Behavioral

Epidemiology Risk Survey (SABERS) studies and using the data to monitor the epidemic and inform activities is a key component of DHAPP.

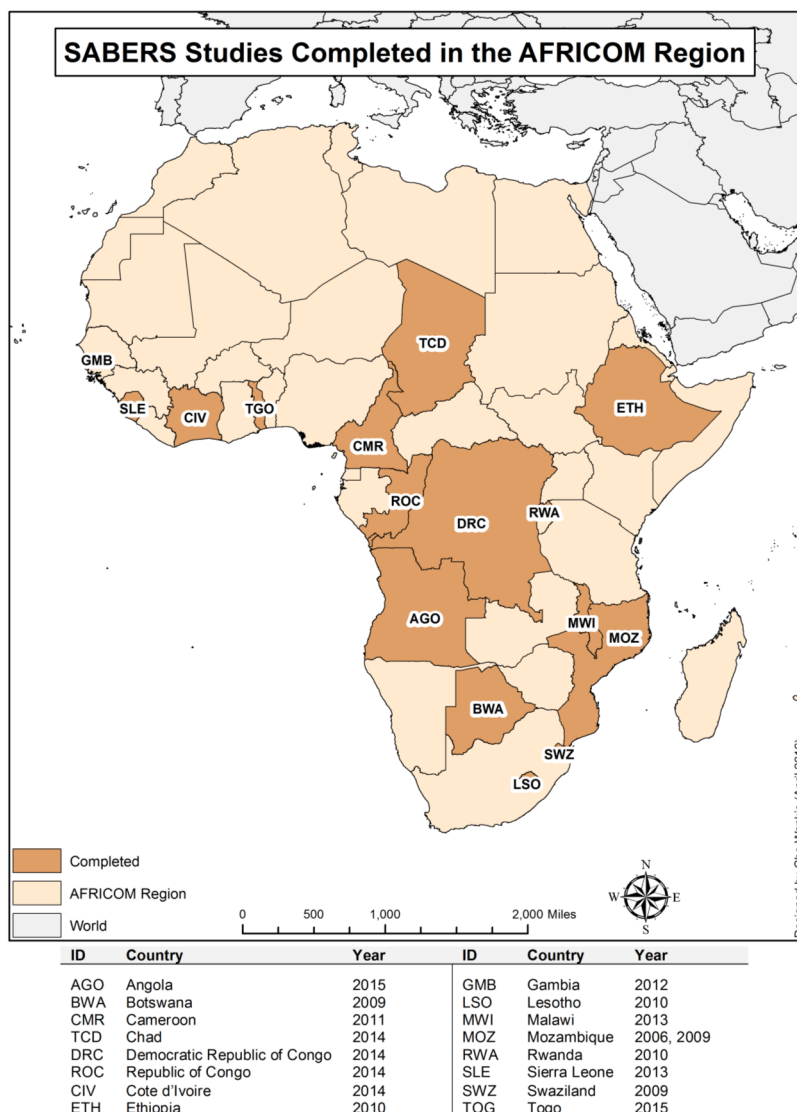
SABERS studies involve collaboration between several entities in planning and conducting a study of the seroprevalence of HIV and associated risk behaviors among military members. This process supports the individual country's MOD and its ability to understand the nature of the epidemic among its troops. After funding is approved and allocated, planning for the study begins with a regular schedule of telephone calls with key country leaders and study partners. The calls are usually coordinated by the identified NGO. Early in the process, a SABERS team makes a site visit to the country. The purpose of this site visit is to assess the physical situation (roads, electricity, access to internet facilities and availability of study spaces within the military sites) and meet the key players in



the country. This often includes meetings with the MOD, MOH, and other country leaders. The protocol is jointly developed and reviewed by Institutional Review Boards in the United States and the partner country. After the protocol is approved and all parties have completed the appropriate ethical review and training, data collection can begin. Following data analysis, the summary report is developed and presented to the country military. From these results, the military HIV coordinator, DHAPP program manager, and DHAPP desk officer can assess the military's program and implement recommended changes. This process allows the prevention program to be effective and dynamically linked to the military's changing needs as revealed by the SABERS results.

Within DHAPP, the Epidemiology Team maintains a group of experienced staff members who conduct SABERS studies. Every seroprevalence study is designed to be specific to that country, using several well-established and tested steps to ensure quality and consistency. Using this model also ensures that the study runs smoothly and all approvals are obtained in a timely manner. For scheduling purposes, the entire study—from planning to dissemination of final results—takes between 18 and 24 months.

Since 2006, 19 SABERS have been completed in the militaries of 18 countries. The maps on this and the opposite page indicate the countries and date of survey.



Country Reports



US AFRICA COMMAND

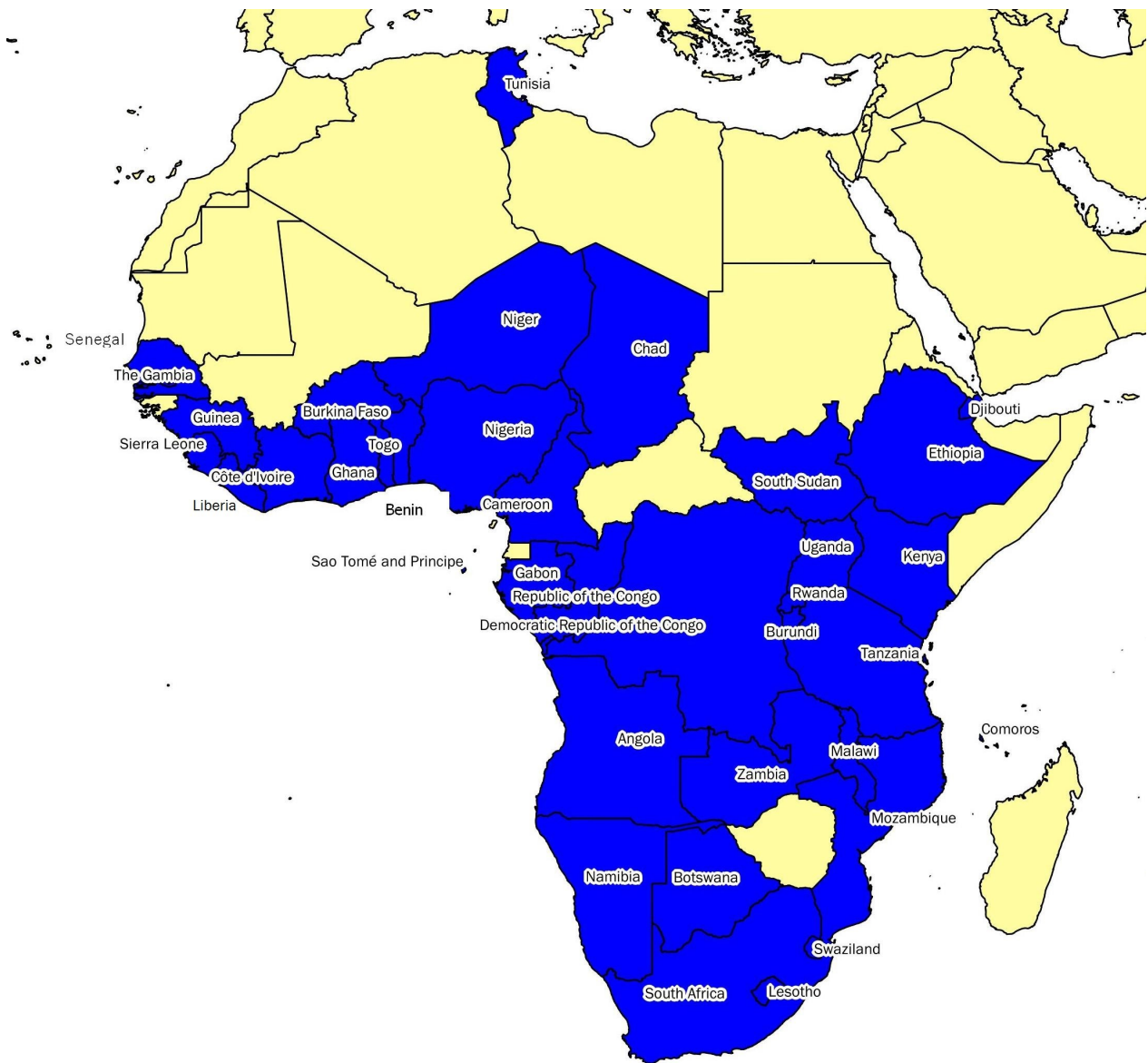
Winning battles in the war against HIV/AIDS



The USAFRICOM mission is to protect and defend the national security interests of the United States by strengthening the defense capabilities of partner African states and regional organizations. USAFRICOM, when directed, conducts military operations in order to deter and defeat transnational threats, and provides a secure environment conducive to good governance and development in support of US national security objectives. In order to support partner nations' military readiness, USAFRICOM addresses HIV/AIDS prevention with the technical assistance activities implemented through the Department of Defense HIV/AIDS Prevention Program (DHAPP). DHAPP uses two funding sources: a congressional plus-up to the Defense Health Program and funding transfers from the President's Emergency Plan for AIDS Relief. The intent is to eliminate HIV/AIDS as a threat to military readiness and theater stability. USAFRICOM focuses on prevention, sustainable care and treatment programs, capacity building, and supporting military leadership in their development of HIV/AIDS prevention policies.



Active Country Programs Within US Africa Command's Area of Responsibility





Central Region



*Reducing the incidence of HIV/AIDS among
uniformed personnel across the globe*

BACKGROUND

Country Statistics

The estimated Angolan population is 19.6 million people, with a life expectancy of 55 years. Portuguese is the official language of Angola, which has an estimated literacy rate of 71.1%, with a higher rate among men than women. Oil production and its supporting activities account for about 50% of the GDP. Increased oil production supported growth averaging more than 17% per year from 2004 to 2008. During the global recession that started in 2008, the GDP dropped by 2.4%, but steadily rose by 8.4% in 2012. A significant drop in international oil prices has caused the 2015 expected GDP growth to decelerate to 3.8%. Subsistence agriculture provides the main livelihood for most of the population, but half of the country's food must still be imported. Consumer inflation decreased from 325% in 2000 to approximately 9% in 2014. The 2015 estimated GDP per capita was \$7,600.

Since the end of a 27-year civil war in 2002, Angola has been making efforts to rebuild the country's infrastructure and move forward as a democratic society. A new constitution was established in 2010, and national elections were held in 2012. On 16 October 2014, Angola was elected for the second time as a nonpermanent member of the UN Security Council, with 190 favorable votes out of 193. The mandate began on 1 January 2015 and will be in effect for 2 years.



HIV/AIDS Statistics

The estimated HIV prevalence in Angola's general population is 2.41% among adults 15–49 years of age. The estimated number of PLHIV by the end of 2014 was 304,400 (*The World Factbook*, January 2016). For southern Africa as a whole, HIV incidence appears to have peaked in the mid-1990s. Evidence indicates that

HIV incidence continues to rise in rural Angola (UNAIDS AIDS Epidemic Update 2009).

Military Statistics

The Forças Armadas Angolanas (FAA) comprises an estimated 107,000 personnel in 3 branches: Army, Navy, and National Air Force, according to *The Military Balance 2015* annual assessment. Angola allocates 5.2% of the GDP for military expenditures. In 2003, Charles Drew University of Medicine and Science (CDU) conducted a military prevalence study and estimated rates of seroprevalence at 3% to 11%, depending on location. HIV prevalence rates are highest near the border of Namibia (11%). A follow-up SABERS study was conducted in FY15 in all regions of the country to obtain a current seroprevalence of military personnel and their risk factors for acquiring HIV and STIs.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The FAA has continued its efforts in the fight against HIV/AIDS in collaboration with CDU. Currently, a program manager in the OSC in Luanda coordinates DHAPP activities with its partner in Angola. The program continues to make exceptional progress with the current prevention programs and to provide services for HIV prevention, care, and treatment. The implementing partner in FY15 was CDU.



Foreign Military Financing Assistance

Angola was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2004, 2008, and 2009. Related authorizations were released for execution in 2005, 2008, and 2011, respectively. The 2003 funding was employed for a cytometer, viral load analyzer, centrifuge, and supporting supplies and reagents. The 2004 funding was employed for cytometers and supporting supplies and reagents. Plans for employment of the 2008–09 funding remain in development. In 2013, most of the 2008–09 funding was obligated for a multiple CD4 flow cytometer and hematology system to support treatment sites across Angola.

OUTCOMES & IMPACT

Prevention

HIV counselors were trained in interpersonal communication to deliver messages about risky sexual behavior, and HIV prevention, care, and treatment. In FY15, a total of 7,662 individuals were reached with prevention messages. Working closely with the regional commands, the HIV program received broad and effective participation from personnel from military units across all regions.

In FY15, HTC services were offered on a regular basis in major military units in

various regions of the country, and testing is being promoted in all HIV-related activities. In total, HTC services were provided to 17,078 individuals.

Care and Treatment

A psychosocial support program was created for PLHIV. It is based on curriculum for PHDP developed by PEPFAR and is currently being adapted for the Angolan military context. In FY15, training in HIV diagnosis and treatment was conducted, and PHDP trainings were provided for military medical personnel.



Other

DHAPP program and epidemiological staff traveled to Luanda in early FY14 to develop a SABERS protocol and outline the guidelines for a SABERS study with CDU and the FAA. This study was approved and completed in FY15. When the final report is complete, the results will be shared with the FAA in FY16.

Proposed Future Activities

Proposed activities to be implemented by CDU include continuing prevention education, HTS capabilities, and training medical staff on treatment services for the FAA. All program activities continue to be developed and implemented with full ownership by the FAA.



Burundi



*Reducing the incidence of HIV/AIDS among
uniformed personnel across the globe*

BACKGROUND

Country Statistics

The estimated population of Burundi is 10.7 million people, with an average life expectancy of 60 years. Kirundi and French are the official languages of Burundi. There is an estimated literacy rate of 86%, with uneven distribution between men and women. Burundi is a landlocked, resource-poor country and agriculture accounts for over 40% of the GDP and employs over 90% of the population. Burundi's primary exports are coffee and tea, which account for the majority of foreign exchange earnings. The estimated 2015 GDP per capita was \$900. After a civil war ended in 2005, improvements were made with regard to political stability and economic activity. However, underlying weaknesses include a high poverty rate, low education rates, poor transportation, and a weak legal system. In 2015, Burundi's economy suffered due to political turmoil and donors withdrew aid, resulting in an increased budget deficit.

HIV/AIDS Statistics

The HIV prevalence in Burundi's general population is estimated at 1.1%. Burundi has approximately 85,000 PLHIV (UNAIDS website, December 2015). According to the UNAIDS Update Report from the 2013 African Union Summit, Burundi almost halved the number of new HIV infections among children between 2009–11. The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

The Forces de Defense Nationale (FDN) has approximately 25,000 personnel. Burundi allocates 2.0% of the GDP for military expenditures, according to *The Military Balance* 2015 annual assessment. No current HIV/AIDS prevalence data are available for the FDN.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff are working with the FDN and PSI on a prevention program for the troops. Development and implementation of the program began in FY06, and continue with the current goals of providing prevention efforts as well as HTC services. During FY15, a PMTCT program began at the main military hospital in partnership with the FDN, FHI 360, and DHAPP. A program manager is working with the FDN on its HIV/AIDS Prevention Program.



Foreign Military Financing Assistance

Burundi was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2006 and augmented in 2008 and 2009. Related authorizations were released for execution in 2008, 2009, and 2010, respectively. Except for the funding of an Infectious Diseases Institute lab training seat and a cytometer, employment of most funds was on hold from 2011–14 pending construction of the Bujumbura Clinic. In 2014, a generator, laboratory equipment, reagents, and supplies were procured.

OUTCOMES & IMPACT

Prevention and Care

In FY15, 12,515 military personnel completed a standardized HIV prevention intervention including the minimum components. PSI is working in all regions where Burundi military camps exist. Troops receive free condoms inside the camps. A total of 17,653 military staff and their families received HTC and received their test results at the Akabanga HTC center, the main military hospital, and through mobile counseling and testing campaigns. The mobile HTC campaign continues to increase access to services for military members and their families. Of those tested, 1,073 were pregnant women. During FY15, a new health facility building was completed and certified, although the opening has been delayed as a result of political instability in the country. All furnishings, including all necessary laboratory and clinical equipment, have been procured. This clinic will help re-integrate HTC services in a fixed facility to reach families of military members who are now living outside of military camps. A total of 996 HIV-positive adults and children are currently receiving HIV care in FDN facilities. One (1) lab currently has the capacity to perform clinical laboratory tests.



Proposed Future Activities

PSI is working in collaboration with the FDN and will continue to encourage behavior change through prevention efforts and providing HTS for troops and their families. In FY16, FHI 360 will continue supporting the FDN PMTCT program at the main military hospital and expand to 1 additional clinic. During FY15, the FDN, with DHAPP support, began planning a SABERS. While ground activities are currently restricted because of political instability, preparation for the study will continue in FY16.

Also in FY16, in order to improve capacity to collect, manage, analyze, and use HIV/AIDS biological and behavioral data for the military, DHAPP will support the development of a Military e-Health Information Network, including the integration of HIV care, general medicine/clinical care, prevention, and HTS into one database and a single application tool to maintain and track all patients seen in HIV clinics.



Cameroon

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BACKGROUND

Country Statistics

The estimated population of Cameroon is 23.7 million people, with an average life expectancy of 58 years. English and French are the official languages of Cameroon, which has an estimated literacy rate of 75%, with uneven distribution between men and women. Cameroon's primary export commodity remains oil, despite falling global oil prices. Oil exports account for almost 40% of export earnings. The Government of Cameroon provides subsidies for electricity, goods, and fuel, especially in 2015, since low oil prices have led to lower revenues. The estimated 2015 GDP per capita was \$3,200, with an unemployment rate of 30%.

HIV/AIDS Statistics

The HIV prevalence in Cameroon's general population is estimated at 4.8%. Cameroon has approximately 660,000 PLHIV (UNAIDS website, December 2015). The primary identified risk factor in the population is unprotected heterosexual contact. According to the UNAIDS AIDS Epidemic Update 2009, in 8 African countries where surveys have been conducted (Burkina Faso, Cameroon, Ghana, Kenya, Lesotho, Malawi, Uganda, and Tanzania), HIV prevalence is higher among adults in the wealthiest quintile than among those in the poorest quintile. Cameroon was 1 of 7 African nations that reported more than 30% of all sex workers were living with HIV (UNAIDS, 2009). Cameroon is 1 of 30 countries where 9 in 10 people have an unmet need for HIV treatment (Global AIDS Report, 2013). Cameroon has a generalized epidemic, with overall prevalence among the highest in West and Central Africa. According to the Demographic and Health Survey, 4.3% of the general population is HIV positive. Prevalence is higher among women, affecting them disproportionately (5.6% among women vs. 2.9% among men).



Military Statistics

The Cameroon Armed Forces (CAF) comprises approximately 14,200 members, according to *The Military Balance* 2015 annual assessment. Cameroon allocates 1.3% of the GDP for military expenditures.

Three studies conducted in the CAF in 2002, 2005, and 2011 by DHAPP and Global Viral Forecasting Initiative revealed that military personnel practice risky behaviors, such as excessive alcohol consumption, frequent sexual intercourse with casual partners or sex workers, and infrequent condom use. The studies revealed the HIV seroprevalence among participants was 9.8% in 2002 and 11.3% in 2005. According to the 2011 SABERS, the HIV prevalence among the armed forces was estimated at 6.8%.

PROGRAM RESPONSE

In-Country Ongoing Assistance

In Cameroon, DHAPP and the CAF have been working with Metabiota and PSI to continue efforts to support the CAF HIV/AIDS prevention program. Cameroon was formerly a DHP country and has transitioned to PEPFAR.

Foreign Military Financing Assistance

Cameroon was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies. This award was initiated in 2003 and augmented in 2005 and 2006. Related authorizations were released for execution in 2005, 2007, and 2010, respectively. The 2003 funding has been employed thus far for a cytometer, immunoassay reader/washer, hematology analyzer, chemistry analyzer, microscope, incubator, and supporting lab equipment, reagents, and supplies. The 2005 funding was fully employed for supporting lab equipment, supplies, and reagents. In 2012, most of the 2006 funding was employed for multiple pieces of equipment and supplies, including a water purification system, laboratory hood, incinerator, computer, and freezers.

Prevention

PSI and the CAF continued their prevention campaign in FY15. A total of 86,969 individuals from priority populations were reached with standardized HIV prevention interventions and 216 military peer educators were trained. Over 1 million condoms were also distributed. PSI worked closely with the CAF to also provide HTC services to the military and its surrounding community. Nineteen (19) HTC campaigns were organized to reach military members and their families for HTC services. A total of 14,637 individuals received HTC services. Nine (9) military doctors received additional training on provision of HIV services during FY15.

Metabiota provided technical assistance (TA) to support the optimization of PMTCT services through client sensitization and the systematic testing of pregnant women during antenatal consultation, encouraging the spouses of antenatal care clients to get tested and know their status. Routine HTC services

were offered to other clients attending military health facilities within the 4 PEPFAR priority regions of Cameroon. The diagnostic capacity of the lab services of these facilities was strengthened to improve the timeliness and accuracy of diagnostic procedures. A total of 2,625 pregnant women knew their HIV status and 585 TB patients in TB units were screened for HIV. Condom distribution was an integral part of the facility-based prevention package.

Care & Treatment

Metabiota provided TA to support the CAF to provide quality care and treatment services within military PMTCT sites and HIV treatment centers. Activities included training of service providers, procurement of supplies and commodities, documentation and data management, and supportive supervision. In facilities where PMTCT Option B+ was implemented, 113 (75%) of the 151 HIV-positive pregnant women were initiated on ART. Three (3) facilities within the project area have full treatment centers: 2 in Yaoundé and 1 in Douala. During the reporting period, 825 HIV-positive clients were newly enrolled into care. A system was implemented to ensure HIV-positive individuals are tracked and successfully linked to care and treatment services. PLHIV were provided with referrals to community-based support groups.

Proposed Future Activities

In FY16, PSI will continue its prevention efforts, with a focus on adolescent girls and women living in and around military barracks, and support the provision of HTS and STI screening services. PSI will start supporting a robust community care component for clients seen at military facilities, aimed at improving ART retention rates for PLHIV who are not receiving care in CAF facilities.

Metabiota will continue to support the optimization of PMTCT services, as well as HIV prevention activities including HTS and PITC services. Linkage, retention, and tracking mechanisms will be monitored and supported to ensure that at least 90% of those identified as HIV positive are linked to care, and that 90% of those already on care and treatment are retained to reach the goal of viral suppression. Two (2) senior pediatric consultants will be recruited within the context of the Accelerating Children's HIV/AIDS Treatment Initiative. Metabiota will collaborate closely with PSI to facilitate the linkage and retention of military patients into care, and the referral of PLHIV into support groups and community-based care services.

Chad



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BACKGROUND

Country Statistics

Chad's estimated population is 11.6 million people, with an average life expectancy of 50 years. Arabic and French are the official languages of Chad, which has an estimated literacy rate of 40%, unevenly distributed between men and women. The country's economy has long been handicapped by its landlocked position, high energy costs, and history of instability. Chad's primarily agricultural economy continues to be fostered by major foreign direct investment projects in the oil sector that began in 2000. The nation's total oil reserves have been estimated at 1.5 billion barrels. Oil exportation began in 2004 and, as of 2015, provides about 60% of export revenues. The majority of Chad's population relies on subsistence farming and livestock for its livelihood. Cotton, cattle, and gum arabic comprise the bulk of Chad's non-oil export earnings. The estimated 2015 GDP per capita was \$2,800.

HIV/AIDS Statistics

The HIV prevalence in Chad's general population is estimated at 2.5%, with approximately 210,000 PLHIV (UNAIDS website, December 2015). The primary identified risk factor in the population is unprotected heterosexual contact.



Military Statistics

The Armée Nationale Tchadienne (ANT) is estimated at approximately 25,000 members. Chad allocates 1.6% of the GDP for military expenditures according to *The Military Balance* 2015 annual assessment. In 2003, with funding from DHAPP, the first HIV surveillance was conducted for the ANT in the capital city, N'Djamena, revealing a prevalence of 5.3%. A follow-up SABERS study was conducted in FY14 in all regions of the country to obtain a current seroprevalence of military personnel and risk factors for acquiring HIV and STIs.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff collaborate with the US Embassy OSC office in N'Djamena. Two implementing partners, Association Tchadienne pour le Bien Etre Familial and Metabiota, provided TA to the ANT in FY15.

Foreign Military Financing Assistance

Chad was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2005 and 2006. Related authorizations were released for execution in 2005 and 2009, respectively. The 2003 funding was employed for HIV rapid test kits. The 2005–06 funding was employed in 2013 for agitators, biochemistry analyzers, centrifuges, cytometers, distillers, and refrigerators.



OUTCOMES AND IMPACT

Prevention

Approximately 5,834 troops were sensitized at different military bases across the country. HTC services were offered to military personnel and 6,571 military personnel were tested. A Project C.U.R.E. assessment of 4 military health facilities was completed, and 2 containers were delivered. A vehicle has been turned over to the military to conduct activities for the SABERS and other prevention and treatment services. With assistance from Metabiota, the main laboratory in N'Djamena has been renovated. Currently, 4,203 people at the main military hospital are receiving ART.



Proposed Future Activities

In FY16, planned activities include a focus on targeted testing and a treatment TA visit to support the treatment facilities at military sites, with Metabiota selected as the primary implementing partner. The results of the SABERS survey will be shared with the military leadership later in FY16.

Democratic Republic of the Congo



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BACKGROUND

Country Statistics

The estimated population of the Democratic Republic of the Congo (DRC) is 79 million people, with an average life expectancy of 57 years. French is the official language of the DRC, which has an estimated literacy rate of 64%, with uneven distribution between men and women. The DRC, a nation endowed with vast potential wealth, is slowly recovering from decades of decline. Since the mid-'90s, countrywide instability and conflict have dramatically reduced national output and government revenue, increased external debt, and resulted in the deaths of more than 5 million people from violence, famine, and disease. Conditions began to improve in 2003 as the transitional government reopened relations with international financial institutions and donors, and began implementing reforms. The country's fiscal position and GDP growth have been boosted in recent years as a result of renewed activity in the mining sector, the source of most export income. The country saw its 13th consecutive year of positive economic expansion in 2015. The DRC signed a Poverty Reduction and Growth Facility agreement with the IMF in 2009 and received \$12 billion in debt relief in 2010, but the last three payments under the loan facility were suspended by the IMF at the end of 2012 because of concerns regarding the lack of transparency in mining contracts. The estimated 2015 GDP per capita was \$800.

HIV/AIDS Statistics

The HIV prevalence in the general population is estimated at 1.0%, with approximately 450,000 PLHIV (UNAIDS website, December 2015). The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

The Forces d'Armees de la Republique Democratique du Congo (FARDC) is composed of 134,000 members. The DRC allocates 1.4% of the GDP for military expenditures, according to *The Military Balance 2015* annual assessment. DHAPP supported the first HIV seroprevalence study for the FARDC, which was conducted in the capital city of Kinshasa from July to August 2007. Study results indicated a prevalence rate of 3.8% among the convenience sample taken in Kinshasa. A larger, more representative study conducted in FY14, in collaboration with DHAPP, Metabiota, and the FARDC, found a military HIV prevalence of 3.5%.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The FARDC program has evolved to include an in-country program manager working closely with PSI. DHAPP staff provide oversight for the in-country program manager and TA.

Foreign Military Financing Assistance

DRC was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2005 and augmented in 2006, 2007, 2008, and 2009. Related authorizations were released for execution in 2009 (×3) and 2011, respectively. The 2005 funding has been employed for a cytometer; biochemistry, electrolyte, immunoassay, blood, and electrophoresis analyzers; and supporting reagents. Of the 2006 funding, 30% has been employed for reagents, and plans for employment of the remaining 2006–09 funding are in development.



OUTCOMES & IMPACT

Prevention and Health System Strengthening

A total of 59,984 military personnel and their dependents were reached with individual and/or small, group-level prevention interventions. Condoms were distributed throughout the 27 health areas within military health zones in all 5 project-targeted provinces. Mass activities were conducted by military peer educators to increase the demand for condom use. Military peer educators and their supervisors received refresher training, outreach tools, and equipment for condom use demonstrations, and quarterly post-training supervisory visits in collaboration with partners.

In FY15, HTC services were provided in 5 selected military health facilities in the 5 project-targeted provinces (Orientale, Kinshasa, Katanga, South Kivu, and

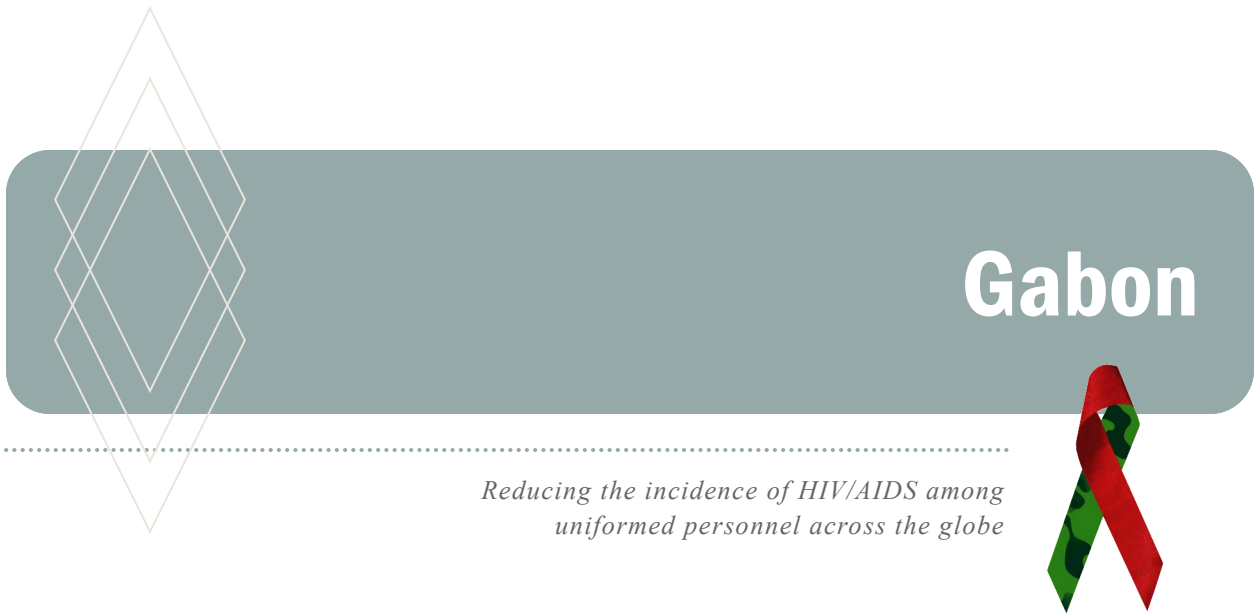
Kasai-Oriental), and 20,631 individuals were tested and received their results. A total of 455 people were currently engaged in HIV care, 361 of whom are currently on ART.

A SABERS was successfully completed in FY15. A report for the SABERS has been written and will be available after the final data dissemination in 2016.

Proposed Future Activities

Proposed future activities include promoting HTS and developing linkages to dramatically increase the number of PLHIV who have access to HIV care and treatment. Gender-based programming will be discussed with PSI, and plans to develop a program to address GBV in military settings will be explored.





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BACKGROUND

Country Statistics

Gabon's estimated population is 1.7 million people, with an average life expectancy of 52 years. French is the official language of Gabon, which has an estimated literacy rate of 83%, slightly unevenly distributed between men and women. Gabon has a per capita income four times that of most sub-Saharan African nations, and the oil sector accounts for 50% of the GDP, although oil production is in decline. The estimated 2015 GDP per capita was \$21,700, but due to high income inequality, a large part of the population remains poor. Issues such as price fluctuation and poor fiscal management have hampered economic growth. Gabon's president has made efforts to boost growth by increasing government investment in human resources and infrastructure, and from 2010–13, the GDP grew by more than 6% per year.

HIV/AIDS Statistics

The HIV prevalence in Gabon's general population is estimated at 3.9%. Gabon has approximately 48,000 PLHIV (UNAIDS website, December 2015).



Military Statistics

The Gabonese Armed Forces (GAF) is a small, professional military estimated at approximately 4,700 members. According to *The Military Balance 2015* annual assessment, Gabon allocates 0.88% of the GDP for military expenditures. In 2007, with funding from DHAPP, the second HIV surveillance study for the GAF was conducted in Libreville, revealing a prevalence of 4.3%. Results of the study have been officially released by the Gabonese MOD.

PROGRAM RESPONSE

In-Country Ongoing Assistance

In FY15, the program was temporarily placed on hold. Typically, the majority of program activities are run through the US Embassy with the support of a DHAPP program manager. However, the position was vacant in FY15 and DHAPP and US embassy staff are currently in the process of hiring a new program manager. DHAPP staff will travel to Gabon and conduct a programmatic assessment in FY16.

Foreign Military Financing Assistance

Gabon was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2005, 2006, and 2007. Related authorizations were released for execution in 2005, 2009, and 2010, respectively. The 2003 funding was fully employed for lab supplies and reagents. Most of the 2005–07 funding has been executed for a centrifuge, microscopes, a cytometer, a viral load analyzer, an immune analyzer, a hematology analyzer, a blood analyzer, refrigerators, a biosafety cabinet, and supporting test kits and reagents. Plans for employment of the balance remain in development.

OUTCOMES & IMPACT

Prevention, Care, and Health System Strengthening

Due to the program being placed on temporary hold for FY15, no indicator data were collected during the reporting period.

Proposed Future Activities

Future activities include hiring a DHAPP program manager. DHAPP staff will travel to Gabon in FY16 and conduct a comprehensive programmatic assessment to develop plans for new activities.



Republic of the Congo

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BACKGROUND

Country Statistics

The estimated population of the Republic of the Congo (formerly Congo-Brazzaville) is 4.8 million people, with an average life expectancy of 59 years. French is the official language, and the country has an estimated literacy rate of 79%, unevenly distributed between men and women. The economy is a combination of subsistence agriculture, an industrial sector based on oil and support services, and government spending. The government is characterized by under funding and overstaffing. Oil has replaced forestry as the mainstay of the economy, providing a major share of government revenues and exports. The drop in oil prices, which began in June 2014, has constrained government spending; lower oil prices forced the government to cut more than \$1 billion in planned spending. However, new iron ore mining projects, which entered into production late in 2013, may add up to \$1 billion to the annual government revenue eventually. The estimated 2015 GDP per capita was \$6,800.

HIV/AIDS Statistics

The HIV prevalence in the Republic of the Congo general population is estimated at 2.8%, with approximately 81,000 PLHIV (UNAIDS website, December 2015).



Military Statistics

According to *The Military Balance 2015* annual assessment, the Congolese Armed Forces (CAF) comprises approximately 10,000 members. The Republic of the Congo allocates 5.1% of the GDP for military expenditures. In 2003, with funding from DHAPP, the first HIV surveillance study was conducted for the CAF in the capital city of Brazzaville, revealing a prevalence rate of 4.3%. In

2007, another HIV surveillance study was conducted for the CAF in Brazzaville and the prevalence rate was 2.6%. Both of these studies were convenience samples of military members in the capital city. DHAPP sponsored a SABERS study through the implementing partner, Metabiota, in 2014. This study sampled 3 representative military sites and found an HIV prevalence of 3.6%.

PROGRAM RESPONSE

In-Country Ongoing Assistance

In the Republic of the Congo, DHAPP and the CAF were working with Global Viral, which began working with the Congolese military in 2010. In 2014, DHAPP funded Metabiota (sister organization of Global Viral) to help support DHAPP and the CAF to train the military and conduct a seroprevalence study. In 2015, Metabiota began programming focused on HTC services and HIV prevention.

OUTCOMES & IMPACT

In FY14, DHAPP worked with the CAF on plans for conducting a seroprevalence and behavioral study in the military. DHAPP worked in collaboration with Global Viral and the military on the development of the survey and the protocol. The study was conducted among a representative sample of CAF personnel. CAF members were trained in data collection for the survey and collection of biological samples. During FY15, data analysis was completed and the SABERS report was written to discuss the findings. A final data dissemination is planned for FY16. In late FY15, Metabiota began implementing HTS for the CAF.

Proposed Future Activities

In FY16, the final data dissemination from the SABERS study will be conducted in Brazzaville. Metabiota will continue HTS while working with the military to overcome barriers to expanding HIV care and treatment for military members.



Sao Tomé and Príncipe

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BACKGROUND

Country Statistics

The estimated population of Sao Tomé and Príncipe is 194,000 people, with an average life expectancy of 65 years. Portuguese is the official language of Sao Tomé and Príncipe, which has an estimated literacy rate of 75%, unevenly distributed between men and women. Since achieving independence in 1975, this small, poor island economy has become increasingly dependent on cocoa. Cocoa production has substantially declined in recent years due to drought and mismanagement. There is potential for the development of petroleum resources in Sao Tomé and Príncipe's territorial waters in the oil-rich Gulf of Guinea, but any actual production is at least a few years away. The government has also taken steps to expand facilities in recent years, in an effort to increase the country's potential for development of a tourist industry. Major economic challenges include controlling inflation, maintaining fiscal discipline, and increasing foreign direct investment into the oil sector. In 2011, the country completed a Threshold Country Program with the Millennium Challenge Corporation in an attempt to increase tax revenues, reform customs, and improve the business environment. The estimated 2015 GDP per capita was \$3,400.

HIV/AIDS Statistics

The HIV prevalence in the Sao Tomé and Príncipe general population is 0.8%, with an estimated 1,000 PLHIV (UNAIDS website, December 2015).



Military Statistics

The Armed Forces of Sao Tomé and Príncipe (AFSTP) is estimated at 600 active-duty troops, with Army, Coast Guard, National Guard and Presidential

Guard branches. Sao Tomé and Príncipe expends approximately 0.5% of GDP on the military.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP is the only donor providing medical military support to the AFSTP. Oversight for the program is provided by a regional program manager hired through the US Embassy in Libreville, Gabon, who works for the OSC. However, that position is currently vacant. There are plans to fill the position in the future to continue to oversee program activities in Sao Tomé and Príncipe.

OUTCOMES & IMPACT

Prevention and Health System Strengthening

In FY15, 1,000 rapid HIV test kits were procured and distributed to support HTC services for AFSTP, their dependents, and the surrounding communities. Campaigns to promote PMTCT family planning education classes were conducted in 4 areas of Sao Tomé and 2 areas in Príncipe. Nutrition classes for PLHIV and a new PHDP course for lay counselors were also conducted. TB/HIV awareness campaigns at 8 military barracks were implemented, where HIV education materials were distributed.

FY15 activities also included training master trainers and peer educators, condom distribution of 12,000 male camouflage condoms, STI screening, distribution of information, education, and education materials, World AIDS Day awareness activity, Armed Forces Day HIV prevention awareness activity, and testing of new recruits. One hundred (100) peer educators in Sao Tomé and Príncipe were trained. Additionally, DHAPP supported the refurbishment and equipping of 1 laboratory in Príncipe that is now functional. Procurement of basic laboratory, medical, and infection control supplies, as well as 1,000 TB test kits, was organized and carried out for Sao Tomé and Príncipe.

Proposed Future Activities

Continued prevention programming for the AFSTP is planned for FY16. Some of these activities include continued prevention efforts, HTS, and AFSTP capacity development.





East Region

Djibouti

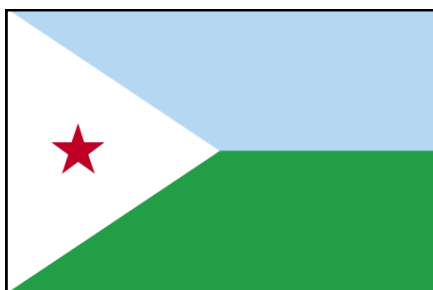


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BACKGROUND

Country Statistics

The estimated population of Djibouti is 828,324 people, with an average life expectancy of 63 years. French and Arabic are the official languages of Djibouti, which has an estimated literacy rate of 68%, unevenly distributed between men and women. The economy is based on service activities linked with the country's strategic location as a deep water port on the Red Sea. Most of the population lives in the capital city; the others are mostly nomadic herders. Low rainfall limits crop production to small amounts of fruits and vegetables,



and most food must be imported. The majority of the port activity is based on imports and exports from Ethiopia. Therefore, Djibouti is heavily dependent on foreign assistance to finance development projects and support its balance of payments. In 2015, new legislation was passed to liberalize the energy sector in an effort to improve infrastructure development for transportation and energy in the country. The estimated 2015 GDP per capita was \$3,100 and the unemployment rate was almost 50%. Djibouti hosts the only US military base in sub-Saharan Africa.

HIV/AIDS Statistics

The HIV prevalence in Djibouti's general population is estimated at 1.6%, and there are approximately 9,900 PLHIV (UNAIDS website, December 2015). The primary mode of transmission is heterosexual contact. Between 2001 and 2012, Djibouti's adult incidence of HIV declined more than 50% (UNAIDS Global Report 2013).

Military Statistics

The Djibouti Armed Forces is estimated at 10,450 members, according to *The Military Balance* 2015 annual assessment. Djibouti expends 0.6% of the GDP on the military. In 2006, the Djibouti MOD conducted its own seroprevalence study and found an HIV prevalence of 1.17%. In 2011, the Djibouti MOD conducted another seroprevalence survey with slightly smaller sample of 1,607 individuals, which showed a prevalence of 1.0%.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members have worked in coordination with the Djibouti MOD and the OSC in Djibouti to provide TA, as needed, as the MOD prevention and care program continues to expand.

Foreign Military Financing Assistance

Djibouti was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2006 and 2007. Related authorizations were released for execution in 2005 and 2010 (×2), respectively. The 2003 funding has been fully employed for a hematology analyzer, autoclave, centrifuge, rapid test kits, immunoassay/biochemistry/microbiology equipment, refrigerators, and supporting lab reagents and supplies. The 2006 funding was fully employed for lab equipment, supplies, and reagents. The 2007 funding has been almost fully employed for lab supplies.

OUTCOMES & IMPACT

Prevention

In FY15, 370 individuals were reached with individual and/or small, group-level preventive interventions.

Four (4) service outlets provided PMTCT services for the Djibouti MOD. During FY15, a total of 866 pregnant women learned their HIV status. The MOD supports 5 HTC centers for its troops. The HTC centers are located throughout the



MOD bases and service all branches of the military, including the Republican Guard and the Gendarmerie Nationale. A total of 2,683 personnel were tested for HIV and received their results.

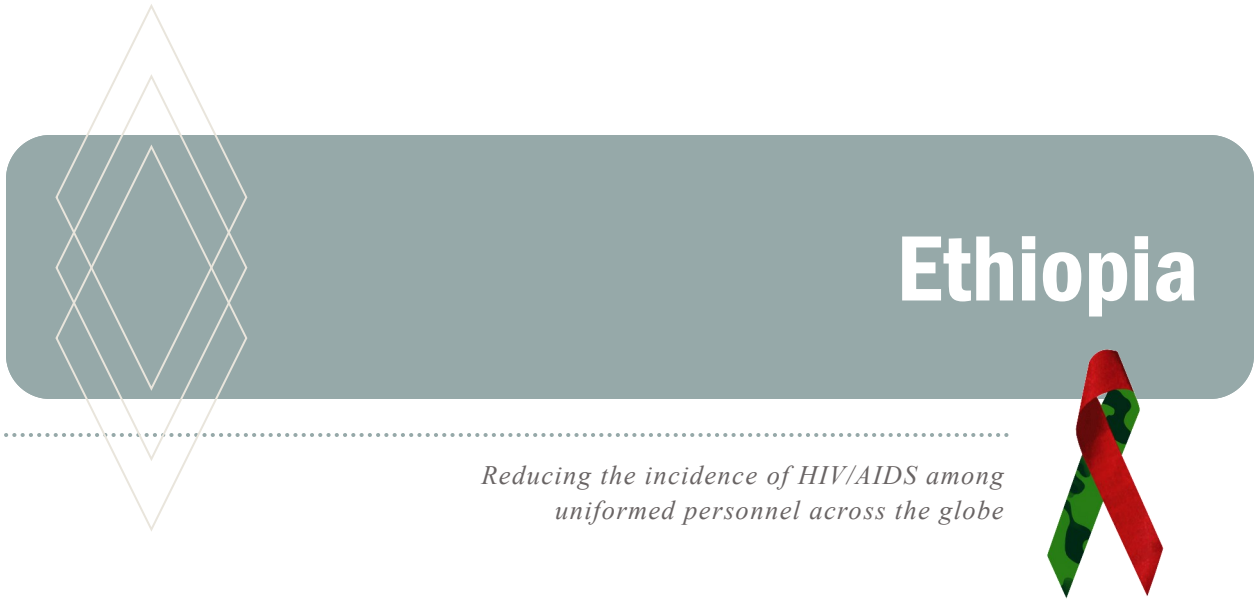
A total of 118 HIV-positive individuals received a minimum of 1 clinical service at the military hospital. One hundred fourteen (114) PLHIV were reached with individual PHDP services and 74 individuals were currently receiving ART during this reporting period. All of those who received ART last year are still alive.

Additionally, there is 1 newly accredited lab, for a total of 2, with the capacity to perform clinical lab tests. There were also 24 new health care workers who graduated from preservice training.

Proposed Future Activities

Future activities include HTS campaigns, training on PMTCT and blood safety, and procurement of lab equipment and supplies.





BACKGROUND

Country Statistics

The estimated population of Ethiopia is 99 million people, with an average life expectancy of 61 years. Amharic is the official national language of Ethiopia, which has an estimated literacy rate of 49%, unevenly distributed between men and women. The estimated 2015 GDP per capita was \$1,700. Ethiopia's economy is based on agriculture, and coffee is a major export crop. The agricultural sector is affected by frequent drought and poor cultivation practices, but recent efforts by the Ethiopian government and donors have strengthened the country's agricultural resilience. Ethiopia has drawn substantial foreign investment in textiles, leather, commercial agriculture, and manufacturing, although the banking, insurance, telecommunications, and micro-credit industries are restricted to domestic investors. Ethiopia has achieved high growth rates through expansion of infrastructure and commercial agricultural development, however, the country has one of the lowest per capita income rates in the world.

HIV/AIDS Statistics

The estimated HIV prevalence in Ethiopia's general population is approximately 1.2%, with 730,000 PLHIV (UNAIDS website, December 2015). Ethiopia has a generalized epidemic, with risk groups that include sex workers, truck drivers, and seasonal workers. New HIV infections among children has declined by more than 50% in Ethiopia (UNAIDS Gap Report 2014).



Military Statistics

The Ethiopian National Defense Force (ENDF) has approximately 138,000 active-duty members. According to *The Military Balance* 2015 annual

assessment, Ethiopia expends 0.9% of the GDP on the military. The ENDF conducted a SABERS in 2010.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP has an in-country program manager who works for the Security Assistance Office at the US Embassy in Addis Ababa. FA IT Services, Glitter Biomedical Technology, FHI 360, and Haemonetics Corporation are implementing partners in Ethiopia for the ENDF and DHAPP. The US Armed Services Blood Program provides TA to the ENDF Safe Blood Program.

Foreign Military Financing Assistance

Ethiopia was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies. This award was initiated in 2003, and the related authorization was released for execution in 2005 and 2011. It has been almost fully employed for ENDF Bella Blood Center facility equipment and a serology analyzer. Most of the remaining funding has been obligated for a cytometer and a PointCare NOW instrument.

OUTCOMES & IMPACT

Prevention

In the FY15, 3,105 clients were provided with VMMC services. Of these, 2,003 received HTC services through a campaign at 2 recruit military training centers and routine sites at established health facilities. Most clients receiving VMMC were between the ages of 15 and 24 years. The VMMC program is part of the routine physical examination of new military recruits, and the ENDF has started to document VMMC status during recruitment of new military members.

In close collaboration with the Health Main Directorate of the ENDF, local health bureaus, and the regional HIV/AIDS Prevention and Control Office, FHI 360 continued to provide TA to the Combined Joint Task Force–Horn of Africa in organizing outreach HTC and STI care services to target groups and to ensure the quality of services at each project site. A total of 6,177 clients received HTC and their results through 11 outreach HTC service locations. The outreach



activities for HTC are organized by the Civil-Military Alliance Task Forces, which are supported by FHI 360 at the intervention sites.

Through the annual World AIDS Day event and similar community-wide events, military staff and their families, civilian employees in the military camps, and members of the local Civil-Military Alliance Task Forces were reached with sensitization and awareness on HIV/AIDS and the array of prevention services available in and around the military bases. During these events, information sharing and “edutainment” activities took place to convey messages on HIV/STI risk prevention, health-seeking behavior promotion, necessity of condom use, and availability of HIV/STI care services. The events also helped to mobilize military and civilian communities to make use of HTC and STI screening and treatment and alcohol harm reduction counseling services, and to encourage collaborative efforts between the military and civilians for HIV/STI risk prevention endeavors.

A total of 1,796 individuals completed a standardized HIV prevention intervention in FY15 through peer-to-peer discussions. A total of 1,001 female sex workers and 795 individuals from other priority populations were reached with individual and/or small, group-level HIV prevention interventions. In support of this approach, 132 peer leaders were trained for 7 project sites including 44 female sex workers. These small discussion groups among female sex workers and other priority populations (civil servants and family members of military members) who reside in and around the military camps promote service use and discussions about HIV/STI concerns. Discussion groups were held under the leadership of trained peer leaders.

Through PEPFAR support in FY15, the Armed Forces Referral Teaching Hospital in Addis Ababa installed a modern waste management incinerator. The National Defense Blood Bank Center’s Donor Center and Blood Processing is housed at Bella Military Referral Hospital in Addis Ababa. The US Armed Services Blood Program has been supporting the program since its inception in 2004, with ongoing technical support for management, training, and supply logistics. The blood program has expanded to 2 additional sites: Northern Command - Mek’ele and Central Command - Shire, and planning is under way to expand to 2 additional sites: Eastern Command - Harar and Western Command - Bahir Dar. A memorandum of understanding between the ENDF and DoD was signed, and a transition plan for the blood program is being drafted.

Proposed Future Activities

Some of the proposed activities for the ENDF in FY16 include continuation of a prevention program targeting the most-at-risk soldiers in high-risk settings, an injection-safety program, blood program, Civil-Military Alliance Task Force activities, and provision of VMMC services.

Kenya



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BACKGROUND

Country Statistics

Kenya's estimated population is 46 million people, with an average life expectancy of 64 years. English and Kiswahili are the official languages of Kenya, which has an estimated literacy rate of 78%, unevenly distributed between men and women. As the regional hub for trade and finance in East Africa, Kenya has been hampered by corruption and reliance on several primary goods. Unemployment in Kenya also remains extremely high at 40%. Roughly 80% of the population works at least part-time in the agricultural sector, which accounts for 25% of GDP. In March 2012, oil was discovered in Kenya, thus providing the opportunity for Kenya to balance its growing trade deficit if the deposits are found to be viable. The estimated 2015 GDP per capita was \$3,300. Kenya is spearheading the development of the Lamu Port-South Sudan-Ethiopia Transport Corridor project to strengthen its position as a transport and logistics gateway to the East African subregion and the Great Lakes region to facilitate trade, and promote regional economic integration and interconnectivity between African countries.



Kenya has over 40 indigenous ethnic groups with different religious and social customs, including polygamy and wife inheritance. Only 10 cities have over 100,000 people, and the Nairobi metropolitan area accounts for more than one third of the urban population. Only about 25.6% of the population lives in urban centers; most Kenyans are small-scale farmers living in smaller towns and villages. With a new constitution, peaceful elections, devolution of health care, and the consolidation of the MOH, Kenya has made significant strides toward improving both access to care and quality of care.

HIV/AIDS Statistics

The estimated HIV prevalence in Kenya's general population is 5.3% (UNAIDS website, December 2015), but varies significantly by region. Kenya has approximately 1.4 million PLHIV. The primary identified risk factor in the population is unprotected heterosexual contact, although men who have sex with men have been identified as an important component of the national epidemic (UNAIDS Global Report, 2013). Girls and young women are particularly vulnerable to infection; women 15–24 years of age are more than 4 times as likely as men of the same age to be infected. Levels of HIV testing have increased, with 72% of adults 15 to 64 years of age in 2012 reporting ever having been tested for HIV, a significant increase from 34% in 2007. Despite the increase in HIV testing levels, 53% of survey participants found to be infected were not aware of their HIV infection, according to the 2012 Kenya AIDS Indicator Survey. HIV prevalence among uncircumcised men ages 15–64 was 3 times greater than among circumcised men. Kenya is a UNAIDS priority country for VMMC and has reached 63% of its coverage target (UNAIDS Global Report, 2013).

Military Statistics

The Kenya Defence Forces (KDF) has three elements: Army, Navy, and Air Force and consists of approximately 24,120 active-duty personnel. According to *The Military Balance 2015* annual assessment, Kenya allocates 1.66% of the GDP for military expenditures; however, the Ministry of State for Defence designates negligible funding for HIV/AIDS. No formal seroprevalence study has been conducted for the KDF; however, through careful documentation within the HIV clinics over the past 5 years, the prevalence is estimated at <3%. With support from MHRP, a military-specific seroprevalence study will be conducted by the end of 2016.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The WRAIR US Army Medical Research Unit–Kenya (USAMRU-K) is a fully staffed OCONUS laboratory under the auspices of the US Mission/Embassy in Nairobi. The US Army Medical Research Directorate–Kenya (USAMRD-K) primary lab and administrative hub are located at the Kenya Medical Research Institute (KEMRI) in Nairobi, but it also has field labs established in collaboration with KEMRI in Kericho and Kisumu. USAMRD-K is commanded by an active-duty US Army colonel and staffed by 10 active-duty military personnel, 4 Foreign Service Nationals, and 572 contract employees. Of this staff, 1 active-duty military person, the program director, and 17 Kenyan contracted staff provide in-country TA to the KDF PEPFAR program. USAMRD-K also works closely with the Kenya US Liaison Office (KUSLO). The KUSLO is the US military liaison to the Kenyan government and is a USAFRICOM field office that coordinates US security assistance programs and USAFRICOM contingency operations and training exercises in Kenya. Though not involved in the day-to-day management of the PEPFAR program, the

KUSLO assists in coordinating higher level meetings with the KDF, ensuring combatant command goals and objectives are met. In addition, formal byplay is achieved with the US Embassy DAO.

USAMRD-K PEPFAR activities are supported by US-based staff at WRAIR Headquarters and MHRP in both technical and administrative operations. Additional technical support is provided by DHAPP staff members working in collaboration with USAMRD-K and MHRP. In country, USAMRD-K participates as part of the USG PEPFAR team, along with CDC, USAID, Department of State, and the Peace Corps, in setting USG strategic objectives and developing the annual COP through which PEPFAR funds are solicited. USAMRD-K also participates in PEPFAR USG technical working groups, which inform program area-specific planning, activity monitoring, and COP development.

USAMRD-K also works directly with the KDF in the execution and implementation of PEPFAR-supported activities. This close collaboration ensures PEPFAR activities meet the overall PEPFAR strategic goals, which is achieved through a joint annual HIV Work Plan. This work plan is informed through a strategic review of the strengths, weaknesses, challenges, and achievements of the prior year's work plans in light of all available resources. In addition, all planning is conducted and harmonized with Kenya's strategic goals as outlined in the Kenya HIV and AIDS Strategic Framework. This is to ensure that the KDF program is aligned with the needs and priorities of the country's HIV health care standards and practices as well as prevention goals.

OUTCOMES & IMPACT

Prevention and Health System Strengthening

The KDF continued to provide significant results across all areas in HIV prevention, care, and treatment. In FY15, a total of 2,763 women were provided with PMTCT services at 14 sites. Of the more than 2,700 women tested in the PMTCT setting, all 95 women confirmed HIV positive (100%) were provided with a complete course of ARV prophylaxis.

Nineteen (19) HTC centers provided HIV testing for KDF personnel. By the end of the reporting period, the KDF HIV program had reached 33,411 individuals with HTC services. Additionally, 569 males received VMMC.

Care and Treatment

During FY15, a total of 9 outlets provided ART services to KDF personnel and their families. Four hundred eighty-three (483) individuals were newly initiated on ART during the reporting period. This enrollment rate was positively influenced over prior reporting periods due to the 2014 revised ART guidelines raising the CD4 cut off for ART initiation from 350 cells/ml to 500 cells/ml and the implementation of the PMTCT option B+ (lifelong ART for all HIV+ pregnant women). At the end of the reporting period, 2,825 individuals were current clients receiving ART.

Proposed Future Activities

Ongoing successful KDF and partner programming was expanded to include additional aspects of comprehensive prevention (to include GBV services), care, and treatment for military members and their families. All proposed activities were submitted by the US Embassy to the Kenyan Country Support Team and were included in the FY15 COP for implementation in FY16.



Rwanda



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BACKGROUND

Country Statistics

The estimated population of Rwanda is 12.6 million people, with an average life expectancy of 60 years. English, French, and Kinyarwanda are the official languages of Rwanda, which has an estimated literacy rate of 71%, slightly unevenly distributed between men and women. Rwanda is a poor rural country, with most of the population engaged in subsistence agriculture and some mineral- and agro-processing. It is the most densely populated country in Africa and is landlocked, with few natural resources and minimal industry. Primary foreign exchange earners include tourism, minerals, coffee, and tea, although mineral exports decreased by 40% in 2009–10 due to the global economic downturn. The country has made substantial progress in rehabilitating the economy to its pre-1994 levels, rebounding to an average annual growth of 7%–8% since 2003. In 2015, 39% of the population lived below the poverty line, a significant decrease from 57% in 2006. Economic growth is recovering with help from the services sector, and inflation has been curbed. The estimated 2015 GDP per capita was \$1,800.



HIV/AIDS Statistics

The HIV prevalence in Rwanda's general population is estimated at 2.8%, with approximately 210,000 PLHIV (UNAIDS website, December 2015). The primary identified risk factor in the population is unprotected heterosexual contact. Several risk groups were identified for new infections, according to the UNAIDS AIDS Epidemic Update

2009, including sex workers, their clients, and men who have sex with men. Rwanda is making great strides in the area of treatment; according to the 2013 UNAIDS Global Report, 86% of individuals who initiated ART were virally suppressed 18 months later.

Military Statistics

According to *The Military Balance* 2015 annual assessment, the Rwanda Defense Force (RDF) is estimated at approximately 33,000 members. Rwanda allocates 1% of the GDP for military expenditures. A seroprevalence study was conducted in the RDF and analysis was completed in 2010. The final report was sent to the RDF and the data were published, revealing a military prevalence of 2.8%, slightly lower than the national seroprevalence.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The RDF HIV/AIDS program is a collaborative effort between the RDF, OSC, and DHAPP. Current implementing partners are Society for Family Health (SFH), Drew Cares International (DCI), and Jhpiego. The DoD program manager and clinical services specialist working with the OSC manage all program activities between the implementing partners and the RDF.

OUTCOMES & IMPACT

Prevention

During FY15, DCI, Jhpiego, and SFH, in collaboration with the RDF, conducted HIV prevention activities. SFH also addressed GBV, alcohol reduction, stigma, and discrimination, and communicated the importance of getting tested for HIV. DCI and SFH conducted trainings in BCC for soldiers, their family members, and surrounding communities. In collaboration with the RDF Medical Regiment. They reached military personnel, their families, and the surrounding communities through trained peer educators who are members of the anti-AIDS clubs, which are composed of military members, civilians, and commercial sex workers. In total, 79,081 individuals were reached with individual and/or small, group-level preventive interventions. A total of 21,271 military personnel and civilians were reached with consistent and correct condom use training and VMMC messages through interpersonal communication activities conducted by trained peer educators in anti-AIDS clubs. A total of 11,268 individuals were reached through community-wide events promoting condom use and VMMC messages. During Army Week interventions, a joint action community event was coordinated by DCI, which included VMMC promotion and mobile HTC and VMMC service provision.

A total of 704 pregnant women were tested for HIV and received their results. In FY15, 219 HIV-positive pregnant women were provided with ART prophylaxis.

In FY15, 49,302 individuals were tested and received their test results. All military personnel and spouses who tested positive for HIV were referred to military clinics for care and treatment. Implementing partners supported the RDF through technical support for mobile HTC services and quality assurance measures.

A total of 49,679 males were circumcised, as part of the HIV prevention

services provided in FY15 with support from Jhpiego and DCI. Most of the males were between the ages of 15 and 24 years. The VMMC service delivery strategy focuses on site strengthening, mini campaigns, Army Week, and VMMC weekend and outreach activities for clients in hard-to-reach areas using mobile teams, and implementing the MOVE approach (models for optimizing volume and efficiency). SFH is also involved in demand creation for VMMC, safer sex counseling after VMMC, and follow-up counseling after the healing period to ensure a comprehensive VMMC package.

Care

A total of 2,293 eligible adults and children received at least 1 clinical service at RDF facilities supported by DHAPP through DCI. The clinical care services include, but are not limited to, medical consultation, general evaluation, WHO staging, and provision of OI prophylaxis medication to all HIV/AIDS patients as stipulated by the new national protocol of HIV/AIDS care and treatment. In addition, a full package of care was given to all PLHIV, including PHDP services (disclosure, adherence counseling, family planning, condoms, alcohol screening, STI screening, and appropriate referrals).

Treatment

During FY15, 103 individuals were newly started on ART, and 2,059 individuals are currently receiving ART. Apart from ART delivery at the facility level, mobile clinic activities continued to ensure that those in hard-to-reach areas received care and treatment, including ART, psychosocial support, counseling, PHDP services, and lab tests.

Other

DCI is supporting 8 RDF laboratories with the capacity to perform clinical laboratory tests. Through DHAPP support, the Rwanda Military Hospital (RMH) lab received a 4-star accreditation rating. The laboratory has become a referral laboratory serving the entire region. The RMH has become a referral hospital and is now on par with the top 2 hospitals in the country.



DHAPP staff visited Rwanda in FY15 to provide TA to the RDF for its HIV program. In FY15, regional military health providers from Mozambique and Zambia led by DHAPP program managers in those countries visited RMH PrePex Center of Excellence to learn about the new PrePex device used for male circumcision. MOH officials from Uganda, Kenya, Lesotho, Zimbabwe, South Africa, Tanzania, Botswana, Swaziland, Malawi, Indonesia, and a physician from Miami, came for training at RMH PrePex Center of Excellence.

Proposed Future Activities

HIV prevention, care, and treatment continue to be a main focus of the RDF program. DHAPP, along with the US Embassy staff and DoD implementing partners, will reach military members, their families, and the surrounding communities with program activities. DHAPP/PEPFAR's support to the military is critical for funding and technical capacity provided by DHAPP technical staff, and other supportive services. The RDF remains the country leader in VMMC, using both the PrePex device technique and surgical method, as appropriate.



South Sudan



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BACKGROUND

Country Statistics

Sudan was engaged in two prolonged periods of conflict (1955–1972 and 1983–2005). A separate conflict, which broke out in the western region of Darfur in 2003, displaced nearly 2 million people and caused an estimated 200,000 to 400,000 deaths. Armed conflict, poor transportation infrastructure, and lack of government support have chronically obstructed the provision of humanitarian assistance to affected populations. A Comprehensive Peace Agreement was signed in January 2005 and a referendum was held in January 2011, which indicated overwhelming support for independence for southern Sudan. Independence was attained 9 July 2011. Since its independence, South Sudan has struggled with good governance and nation building, while attempting to control rebel military groups operating within its borders.

The estimated population of South Sudan is 12 million people. Arabic and English are the official languages, and the estimated literacy rate is 27%, unevenly distributed between men and women (40%, and 16%, respectively). Industry and infrastructure remain severely underdeveloped in South Sudan. Most of the population engages in subsistence agriculture for a living, although the country is rich in natural resources. South Sudan produces nearly three quarters of the former Sudan's total output of oil, which is the major source of revenue for the country. The annual inflation rate went from 1.7% in 2014 to 41.1% in 2015 following the December 2013 disturbances. The estimated 2015 per capita GDP was \$2,000. Challenges that will continue into the future include diversifying the formal economy, reducing poverty, maintaining macroeconomic stability, improving tax collection and financial management, and improving the business environment.

HIV/AIDS Statistics

The estimated HIV prevalence in South Sudan's general population is 2.7%, with approximately 190,000 PLHIV (UNAIDS website, December 2015). According to the UNAIDS AIDS Epidemic Update 2009, epidemics in the Middle East and North Africa are typically concentrated among PWID, men who have sex with men (MSM), and sex workers and their clients. Exceptions to this general pattern include South Sudan, where transmission also occurs in the general population. Very little information is known about risk factors in this population.

Military Statistics

The Sudan People's Liberation Army (SPLA) plays a central role in the government, with influence extending through all layers of the highly militarized society. The exact SPLA troop and prevalence numbers are unknown at this time. According to *The Military Balance* 2015 annual assessment, it is estimated that the SPLA may comprise 185,000 troops. South Sudan allots 8.7% of the GDP for military expenditures. Through a biobehavioral surveillance survey conducted between 2010 and 2012, an HIV prevalence of 5.0% was found in the SPLA. According to the survey, SPLA personnel may be at higher risk for infection because of their history as an irregular or rebel force, with limited access to medical or HIV preventive services, and low education and literacy levels. Other risk factors include high numbers of self-reported cases of multiple partners, low use of condoms (55.7%), and alcohol dependence (38%).



The SPLA plays a significant role in efforts to reduce the impact of HIV in South Sudan. SPLA soldiers come from all over South Sudan, as well as some transitional areas in the north. Many of these soldiers will return to their home areas after demobilization. Therefore, as the SPLA creates an effective HIV program, adopting proven and progressive models from other settings, the benefits will extend well beyond the ranks of military personnel and their families.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff are active members of the Country Support Team and continue to work with CDC and USAID in engaging the SPLA. In FY12, a DHAPP/PEPFAR program manager was hired to help coordinate the DoD program. The program manager acts as a focal point for DHAPP activities playing the important role of linking the PEPFAR team and the SPLA HIV program with the national HIV program and liaising with other national and subnational stakeholders such as government partners (MOH, MOD, the South Sudan AIDS Commission), UN agencies (e.g., WHO, UNAIDS, UNDP), international NGOs, and NGOs.

As part of its overall strategy to promote peace-building efforts, the USG supports SPLA initiatives to reduce size as part of post-conflict demobilization, reintegrate former combatants into civilian life, and develop remaining troops into a professional military force. DHAPP supports the institutional development of the SPLA through implementing partner RTI International. RTI helps implement prevention, treatment, care, and support activities in support of the SPLA's response to HIV/AIDS.

There is strong SPLA senior leadership support and endorsement by national political leadership for the SPLA HIV program in addressing HIV as a significant strategic security issue within the military population. The HIV Secretariat has maintained effective partnerships with key stakeholders and implementing partners during the conflict in South Sudan.

OUTCOMES & IMPACT

Care and Treatment

Currently, the SPLA HIV program provides ART services at only 1 facility, the Juba Military Hospital (JMH). Through technical support from RTI, JMH has been reorganized to improve space utilization, patient confidentiality, and client flow. A clinical manager has been hired to provide on-the-job training, mentoring, and supervision of the JMH health care workers.

In FY15, 576 clients were enrolled in HIV care and 541 were started on treatment at JMH.

Prevention and Other

As part of ongoing capacity enhancement, the SPLA HIV program conducted a refresher training for 25 HIV counselors and a monitoring and evaluation training for all key program staff.

In FY15, 3,986 individuals received HTC services and their results. Of these, 423 were found to be HIV positive and were linked to care, support, and treatment services at JMH and other nearby MOH ART facilities. Within the same period, 213 pregnant women were tested for HIV, with 12 HIV-positive women identified, all of whom were placed on ART in line with the updated MOH Option B+ guidelines.

Two (2) SPLA members attended MIHTP in San Diego in FY14 and, as expected, in FY15 these 2 trained clinicians have been instrumental in providing in-house training and mentoring sessions, thereby transferring knowledge, information, and skills to other clinicians within JMH.

Proposed Future Activities

In FY16, DHAPP and implementing partners will continue to work with the SPLA on a comprehensive program in HIV prevention, care, and treatment. Intensive support will be provided to the HIV/AIDS treatment unit at JMH. Planning for development of 2 additional treatment sites is currently on hold.

during this time of continued conflict and civil unrest; however, it is hoped that plans could be initiated in FY16 or FY17.

The SPLA HIV program's prevention and testing activities will be prioritized to focus on military populations and families in targeted geographical locations, with key intervention packages that will ensure delivery of high-quality integrated HIV services. In FY16, RTI will train health workers to begin broad implementation of a PITC approach that will seek to identify more HIV-positive individuals and link them to care and treatment services. DHAPP and RTI will continue to support voluntary counseling and testing sites in geographically prioritized areas. Lastly, DHAPP and RTI will also place increased focus in FY16 on improving data management within JMH, including exploring the use of an electronic system currently under adoption by the MOH that would enhance data collection, analysis, and dissemination.



Tanzania



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BACKGROUND

Country Statistics

Tanzania's estimated population is 51 million people, with an average life expectancy of 62 years. Kiswahili and English are the official languages of Tanzania, which has an estimated literacy rate of 71%, unevenly distributed between men and women. Tanzania is one of the world's lower-income countries in terms of per capita income. The estimated 2015 GDP per capita was \$3,000. Despite the low per capita income, Tanzania has achieved a high overall growth rate of 6%–7% annually from 2009 to 2015, due to plentiful natural resources and tourism. Agriculture accounts for more than 25% of GDP, providing 85% of exports and employing roughly 80% of the workforce. Agriculture also accounts for 7% of government expenditures.

HIV/AIDS Statistics

The HIV prevalence in Tanzania's general population is estimated at 5.3%, with approximately 1.5 million PLHIV (UNAIDS website, December 2015). Prevalence rates are higher in urban than in rural areas, and women of all age groups, including adolescent girls, are more heavily affected than men. Identified significant risk factors include biomedical and behavioral factors and sociocultural norms, including GBV, low rates of knowledge of HIV status, low male circumcision (MC) rates in some regions, high STI prevalence, multiple concurrent partnerships or high-risk heterosexual contact, and contact with sex workers.

Military Statistics

According to *The Military Balance 2015* annual assessment, the size of the Tanzania People's Defense Force (TPDF) is approximately 32,000. Information regarding HIV prevalence in the military is not available. Total catchment area and military–civilian breakout in this population is also not known. Military expenditures account for 1.1% of the GDP.

PROGRAM RESPONSE

In-Country Ongoing Assistance

Elements of the TPDF HIV/AIDS program supported through PEPFAR funding are in collaboration with PharmAccess International (PAI) as an implementing partner awarded under WRAIR. Through PEPFAR funding, PAI provides more site-level TA on clinical and behavioral interventions as well as programmatic management for the TPDF. WRAIR programs in Tanzania are directed by a US Army civilian with attaché status, hired under the US MHRP at WRAIR, who reports directly to the ambassador at the US Embassy in Dar es Salaam. WRAIR's primary administrative and contracting hubs are located in Silver Spring, Maryland, and Fort Detrick in Frederick, Maryland, respectively. A US Public Health Service Commissioned Corps Officer detailed to the Department of Army provides direct oversight of program progress on the ground as part of the WRAIR-Tanzania team, including ongoing quality assurance and quality improvement (QA/QI). WRAIR works closely with the DAO at the US Embassy. Though not involved in daily management of the PEPFAR program, DAO staff assist in coordinating higher level meetings with the TPDF, and ensuring goals and objectives of the Combatant Command are met.



WRAIR PEPFAR activities in Tanzania are further supported by WRAIR Tanzania staff and US-based staff at WRAIR and MHRP Headquarters (HQ) in both technical and administrative areas. Additional technical support is provided by MHRP staff located in Kenya and DHAPP staff members working in collaboration with MHRP. In-country, WRAIR participates in PEPFAR Technical Working Groups along with CDC, USAID, Department of State, and the Peace Corps, participating in the development of the annual COP through which PEPFAR funds are solicited. Through this coordination, WRAIR also ensures that PEPFAR-funded activities within the TPDF meet overall USG PEPFAR strategic goals.

OUTCOMES & IMPACT

Prevention

The TPDF HIV/AIDS program targets 5,000 recruits, 32,000 military personnel, and 90,000 dependents, as well as 80,000 civilians living near the military camps and hospitals. During FY15, the TPDF program reported outstanding results across all areas in prevention, care, and treatment of HIV. During the year, 57,183 individuals were reached with evidence-based, priority prevention interventions. Robust clinical and prevention programs in the military setting are necessary based on the nature of the occupation and range of mobility, which indicates that sexually active military men and women come into contact with high-risk sexual networks with high HIV prevalence levels.

As part of a comprehensive prevention strategy and in support of the Ministry of Health and Social Welfare goal to scale-up VMMC in Tanzania, PAI supported 13,805 circumcisions by the end of FY15 as a continuation of this program that began in FY10. The expansion was characterized by outreach campaign services in locations with low MC rates (Mwanza, Mbeya, Shinyanga, Ruvuma, Rukwa,

and Katavi), capacity building for health care workers; and maximizing efficiency through task-shifting/task-sharing between available staff.

Clients who tested HIV positive were referred to care and treatment (CT) centers in military facilities or to other public or private facilities based on their choice. The program continues to deliver VMMC as a package of clinical and prevention services that also includes HTC, age-appropriate risk-reduction counseling sessions, physical examination, and treatment/referral for STIs. MC services are offered to consenting clients, and those who are eligible undergo surgical MC under local anesthesia. Distribution of condoms to sexually active boys and men and promotion of consistent and correct use are also done. The program is aligned to support the device-based MCs, should they become approved and available in Tanzania.

Sixty-nine (69) HTC sites provided testing for TPDF personnel by September 30, 2015. In FY15, 24,705 persons were tested for HIV, received their results, and underwent post-test counseling. Effective BCC interventions are focused on targeted community sensitization and delivery of interventions at the required frequency and intensity, using a multidimensional approach to disseminate information that addresses high-risk behavior. Mobile HTC and post-test clubs are used to improve tracking and retention into care. Community interventions provide context-appropriate dialogue to reinforce key messages, with a focus on linking clients to appropriate clinical services and other biomedical interventions such as HTC, VMMC, and reproductive health services.

In FY15, PMTCT services were provided in 45 sites (6 hospitals, 37 dispensaries, and 2 health centers). Of the 3,033 women tested in the PMTCT setting, 325 were provided with a complete course of ARV prophylaxis. Quality of PMTCT services, including early infant diagnosis, has improved through training of medical officers, midwives, nurse counselors, and laboratory staff using the 2-week national training curriculum. PAI staff and TPDF HQ staff conduct quarterly visits to all PMTCT sites to provide TA for QI, including improving quality of electronic and paper-based data recording and reporting.

Care and Treatment

All health facilities in Tanzania, including TPDF health facilities that wish to serve as a CT center, need prior approval from the MOHSW. All sites must be prepared and function in accordance with the minimum standards, curricula, and guidelines of the national HIV/AIDS care and treatment program before receiving approval. By the end of FY15, 45 TPDF clinics were approved to provide standard care and treatment services, including provision of ARVs. During this reporting period, 18,585 HIV-positive adults and children received a minimum of 1 clinical service. Most TB infected or suspected patients are referred to more specialized facilities for TB treatment. TPDF male personnel with TB are usually treated at TPDF referral clinics. In FY15, 889 adults and children with HIV/AIDS were newly enrolled on ART, and, at the end of reporting period, 13,936 patients were on ART.

Toward the goal of health system strengthening, technical teams from TPDF HQ, PAI, and the WRAIR-Tanzania office provide scheduled and ad hoc site support, including QA/QI support; on-the-job mentorship; equipment availability, lab, and supply chain management; and monitoring and evaluation.

Proposed Future Activities

Successful programming within the TPDF will continue to focus on evidence-based, high-impact interventions to contribute to Tanzania's national epidemic control, including comprehensive care and treatment services as well as targeted biomedical, structural, and behavioral interventions for military staff and their families. The proposed interventions for FY16 will be submitted as part of the PEPFAR FY16 COP for approval and funding.



Uganda



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BACKGROUND

Country Statistics

The estimated population of Uganda is 37 million people, with an average life expectancy of 55 years. English is the official language of Uganda, which has an estimated literacy rate of 78%, unevenly distributed between men and women. Uganda has extensive natural resources, including regular rainfall, fertile soils, deposits of copper and gold, and oil. The bulk of Uganda's export revenues come from coffee. Agriculture is the most important sector of the economy, employing over 66% of the workforce. Issues with power, energy costs, infrastructure, and corruption inhibit economic development and investor confidence. The Uganda shilling depreciated against the dollar between 2014 and 2015, and this, along with increased public debt, has severely impeded production, especially because Uganda imports most of its capital goods. The 2015 estimated GDP per capita was \$2,100.

HIV/AIDS Statistics

The HIV prevalence in Uganda's general population is estimated at 7.3%, with approximately 1.5 million PLHIV (UNAIDS website, December 2015).

Identified significant risk factors include high-risk heterosexual contact with multiple partners and STIs. In Uganda, the most-at-risk populations and highest prevalence was recorded among female sex workers, fishing communities, men who have sex with men, bike taxi men, and plantation workers (UNGASS Country Progress Report: Uganda 2014). Also, an estimated 46% of new HIV infections in Uganda occurred among people with multiple sexual partners and the partners of such individuals.



Military Statistics

According to *The Military Balance 2015* annual assessment, the Uganda People's Defense Force (UPDF) consists of approximately 45,000 active-duty members. Uganda expends 1.6% of the GDP on the military.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The UPDF HIV/AIDS Control Program is a collaborative effort between the UPDF, the OSC at the US Embassy in Kampala, DHAPP, RTI International, and National Medical Research Unit (NAMERU). An in-country HIV/AIDS program manager and program assistant who work out of the OSC office manage daily operations of the program, including oversight of the implementing partners.

Foreign Military Financing Assistance

Uganda was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies. This award was initiated in 2003 and augmented in 2004, 2006, and 2007. Related authorizations were released for execution in 2005, 2007, and 2010 (×2), respectively. The 2003 funding was fully employed for hematology and chemistry analyzers, and supporting supplies, reagents, and accessories. The 2004 funding was fully employed for hematology and chemistry analyzers, minor equipment, and cytometer reagents/supplies. The 2006–07 funding has been almost fully employed for supporting material and equipment maintenance.

OUTCOMES & IMPACT

Prevention

The UPDF HIV/AIDS Control Program has an extensive health education network that extends to lower level army units such as brigades and battalions. Program activities also extend to the community level surrounding the barracks where soldiers commonly interact and enter into sexual relationships that are likely to increase risk of HIV infection. A comprehensive HIV prevention package addresses behavior change, availability of HTC services, and management of STIs. During FY15, 37,178 individuals completed a standardized HIV prevention intervention, including the specified minimum components. The UPDF has ensured that condoms continue to be part of the military kits for soldiers. The injection safety program provides training for health workers and medical waste handlers and ensures consistent supply of injection safety materials. This works to minimize medical transmission of HIV and other blood-borne diseases.

The overall goal of the PHDP program is early identification of HIV-positive individuals, as well as their sexual partners and family members, to reduce sexual and prenatal transmission of HIV, and to provide comprehensive prevention interventions and treatment. The program is implemented in collaboration with University of Connecticut Center for Health, Intervention,

and Prevention and the Bombo Military Hospital HIV/AIDS Clinic. Elsewhere, it is implemented by UPDF counselors. The program is health facility-based, but in some cases, community home visits are conducted for ambulatory patients. In all ART sites, HIV prevention messages and services are delivered as part of the routine care of patients seeking HIV care and treatment services. Similarly, the messages are delivered to patients accessing TB care and PMTCT services. The following comprehensive package of HIV prevention services and/or referral to other facilities is offered: HIV testing of sex partners and family members, support of disclosure of HIV test results to sex partners and family members, alcohol use assessment and counseling, syndromic management of STIs, prevention of unwanted pregnancy in HIV-positive women, condom promotion and distribution, and adherence counseling and support.

Fifteen (15) service outlets provide PMTCT services for the UPDF. In FY15, 1,517 women were provided with these services, including HTC services. Of those women, 350 received ARVs to reduce the risk of mother-to-child transmission. Also, 112 infants born to HIV-positive women had a virologic HIV test done within 12 months of birth. PMTCT service outlets are also used to identify discordant couples and emphasize linkage to clinical services for testing and treatment. To ensure PMTCT messages reached the target groups including men, weekly community dialogue meetings within the military bases, and an HIV Awareness Week were carried out. Continuous education and mentorship on early infant diagnosis for health care providers were conducted in military units.

Twenty-three (23) HTC service centers have been established, covering all of the major military bases, with 37,178 persons tested in FY15. Health care providers were trained and mobile HTC units reached UPDF personnel with prevention messages and HTC services. The HTC program is directly linked to care services, including drugs for OIs, and provides services for HIV-infected military personnel and family members.

This reporting period has been one of scale up of VMMC services in the UPDF. VMMC commodities, such as tents for operations, vehicles, surgical equipment, and surgical kits, were provided, which resulted in expansion of VMMC services to 10 static clinics and 3 mobile units. VMMC services were provided across the country in the underserved and hard-to-reach areas, and 9,838 men received VMMC services from both static and mobile VMMC units.

Postexposure prophylaxis (PEP) service windows are now available at UPDF sites for individuals who come in contact with blood, including combat-related exposure. The service is available for health care workers receiving accidental needle-stick injuries, military occupational hazards, and survivors of GBV. PEP has been expanded to health facilities in combat operation areas, where military personnel can potentially be exposed to blood, and policy supports PEP as an essential component of combat kits. It is difficult to estimate the proportion of victims who receive post-GBV care. However, an estimated 341 people received post-GBV care including PEP. There are still challenges across the programs arising from inadequate capacity to identify cases of violence and link those persons to care services, as well as gender and cultural constraints affecting the reporting of GBV cases.

Care

Nineteen (19) service outlets provide care services for the UPDF, their families, and civilians in the surrounding communities. During FY15, 19,640 eligible adults and children were provided with a minimum of 1 care service. Focus was on improving the quality of patient care and monitoring of patients in the ART clinics. Health care providers received clinical mentorship on different aspect of patients' care during routine monthly technical support visits to the facilities. Expansion of HTC services for children and strengthening linkage to care have led to increased numbers of children accessing HIV care. A total of 14,089 HIV-positive patients were screened for TB in HIV care or treatment settings. These achievements resulted from improved linkage and retention of HIV-positive individuals identified from HTC services into care. The strategy of using linkage facilitators improved enrollment of individuals identified as HIV positive at HTC centers. Linkage facilitators track and follow up the referred clients in the barracks and within facilities to ensure that they reach the point of care and are retained in care. Care data are based on national program tools, specifically from pre-ART and ART registries. RTI and NAMERU also supported health facilities in Mubende and Moroto to run satellite clinics and integrated clinics, respectively, for forces in hard-to-reach field bases; and regularly supplied pediatric formulation Septrin for children and Dapsone for adult patients supplementing facility stocks to reduce periods of stock-out of these commodities. Together with the UPDF HIV directorate, NAMERU introduced a system of electronic medical records for HIV care and management. A major challenge that remains is tracking those lost to follow-up. Under-reporting is still an issue in some military facilities and this affects data quality. Most facilities are still dependent on the paper-based data collection system, which results in errors in data aggregation and reporting. Military facilities supported OVC in Kakiri, Mubende, Ntungamo, and Kyankwanzi barracks. The UPDF enrolled and provided support to 3,136 OVC in at least three core program areas that include health, education, food security and nutrition, socioeconomic security, and psychosocial support.

Treatment

ART is provided through PEPFAR and Global Fund support at 19 UPDF sites, with 13,718 individuals currently receiving ART. During FY15, 1,673 individuals were newly enrolled on ART. Early ARV initiation and monitoring patients was promoted by supporting facilities to conduct CD4 testing as well as collect and transport blood samples to the central facility for CD4 testing. Laboratory personnel in Mbarara, Moroto, Acholi-Pii, and Nakasongola military hospitals that had PointCare NOW CD4 machines installed receive monthly technical support from lab specialists.

Together with their implementing partners, the UPDF continued to provide the following services: screening for malaria, HTC, full blood count, chemistry analysis, baseline CD4 testing, and CD4s for patient monitoring. The lab services have benefited all patients, regardless of their HIV status, thus improving the general quality of health care at the supported facilities. As of FY15, 2 labs are recognized by national, regional, and/or international standards for accreditation or have achieved a minimal acceptable level toward attainment of such accreditation.

Other

DHAPP supported the UPDF in its goal of developing a national military eHealth program. Leveraging the Military eHealth Information Network standards, a technical assessment was completed in 2013. The recommendations of the technical assessment were endorsed by the UPDF and provide the approach for UPDF's eHealth strategy. The technical assessment revealed the need for solar power in order to provide electrical power. DHAPP assisted with a request for information on solar power solutions and identified several local providers, in addition to power capacity requirements for UPDF HIV clinics. A small reference implementation was installed at a UPDF facility to provide the opportunity to fully explore the baseline suite of software tools, the netbook user device hardware, plus further hone network and power requirements. The reference deployment provided by DHAPP resulted in UPDF resource allocations for full deployment and ongoing operational support duty assignments. Full deployment at Bombo Military Hospital, with a scale-up plan to include all 17 HIV clinics occurred in FY14.

Proposed Future Activities

All proposed activities will be submitted by the US Embassy to the Uganda Country Support Team and will be included in the FY16 COP.



Union of Comoros

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BACKGROUND

Country Statistics

The Union of Comoros is a group of islands at the northern end of the Mozambique Channel in Southern Africa. The country is composed of three islands: Grande Comore, Moheli, and Anjouan. The estimated population of Comoros is 781,000 people, with an average life expectancy of 64 years. Arabic and French are the official languages of Comoros, which has an estimated literacy rate of 77.8%, unevenly distributed between men and women. Comoros achieved independence from France in 1975. Since then, more than 20 coups and secession attempts have occurred. In 1999, the Comoros Army took control of the government and negotiated a power-sharing agreement known as the 2000 Fomboni Accords. The estimated 2015 GDP per capita was \$1,600.

Export income relies heavily on vanilla, cloves, and ylang-ylang, although agriculture, including hunting, fishing, and forestry, contributes 50% to the GDP and employs most of the workforce. Challenges continue with upgrading education and technical training, privatizing commercial and industrial enterprises, improving health services, diversifying exports, promoting tourism, and reducing the high population growth rate.



HIV/AIDS Statistics

The current HIV prevalence in the Comoran general population is estimated at 2.1%, with fewer than 7,900 PLHIV (UNAIDS website, December 2015).

Military Statistics

The Comoros National Army for Development (CAND) is composed of approximately 1,900 members from security forces and federal police. Comoros

maintains a defense treaty with France, which provides training of Comoran military personnel, naval resources for protection of territorial waters, and air surveillance. HIV prevalence in the military is unknown. Comoros allocates 2.8% of the GDP for military purposes.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members have been collaborating with the CAND and the OSC at the US Embassy in Antananarivo, Madagascar, on an HIV/AIDS program in the Union of Comoros.

OUTCOMES & IMPACT

In FY15, 2,389 military personnel and civilians received HTC services. A prevention and testing campaign was also conducted on Anjouan Island. A total of 1,568 pregnant women were tested for HIV and received their results. One hundred thirty-seven (137) males were circumcised as part of an HIV prevention program.

The military health laboratory in Moroni is supported by DHAPP and has the capacity to perform clinical laboratory tests.

Proposed Future Activities

Continuation of prevention services are planned for FY16 including HTS, as well as ongoing support for local training on HTS management, lab equipment, sensitization activities, provision of STI and TB medicines, and malaria prevention and treatment.





North Region

Tunisia



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BACKGROUND

Country Statistics

The estimated population of Tunisia is 11 million people, with an average life expectancy of 76 years. Arabic is the official language of Tunisia, which has an estimated literacy rate of 82%, unevenly distributed between men and women. Central to Tunisia's successful economic strategy is its focus on exports, foreign investment, and tourism. Key exports include textiles, food, and petroleum products, chemicals, and phosphates. The new government, established in 2014, continues to face important challenges related to stabilizing the economy, including reassuring businesses and investors, driving down high unemployment, and reducing economic disparities. In 2015, political and economic challenges slowed the GDP growth rate to less than 1%. The estimated 2015 GDP per capita was \$11,600.

HIV/AIDS Statistics

The estimated HIV prevalence in Tunisia's general population is less than 0.1%, with approximately 2,700 PLHIV (UNAIDS website, December 2015). HIV prevalence rates among men who have sex with men, PWID, and sex workers are 10.1%, 3%, and 0.6%, respectively, indicating a concentrated epidemic (UNAIDS Global Report 2013).



Military Statistics

According to *The Military Balance* 2015 annual assessment, the Tunisian Armed Forces, or Forces Armées Tunisiens (FAT), consists of approximately 35,800 active-duty members. Tunisia expends 1.9% of the GDP on its military.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The FAT HIV/AIDS program began in 2011. It is a collaborative effort between DHAPP, the OSC at the US Embassy, and the FAT.

OUTCOMES & IMPACT

Prevention

Support for HIV prevention education for military women and female dependents included the purchase of laboratory reagents and testing equipment for human papillomavirus (HPV) screenings. After exams, women were provided with HIV prevention and HPV information. Purchase of the reagents and equipment also permitted the Military Hospital of Tunis to conduct a research study that involved screening 801 women for HPV to analyze the effectiveness of the HPV vaccine that is currently available in Tunisia. Hospital officials have confirmed that the data collected in this screening project will also be used to pursue research at the Military Hospital of Gabes in southern Tunisia. In FY15, Tunisian military medical officials expanded their screening and research to include screening for herpes simplex virus 2 in various military hospitals and military medical clinics throughout Tunisia.

Proposed Future Activities

Future plans include continued collaboration with the Tunisian MOD to reinforce early detection of STIs/HIV, to continue focused prevention efforts for women with HPV, and to increase availability and distribution of the military's HIV awareness and prevention materials to women.





South Region

Botswana

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BACKGROUND

Country Statistics

The estimated population of Botswana is 2.2 million people, with an average life expectancy of 54 years. English is the official language of Botswana, but the majority of people speak Setswana. The country has an estimated literacy rate of 88%, evenly distributed between men and women. Fiscal discipline and sound management has led Botswana to move from being one of the poorest countries in the world to a middle-income country in 2015. The estimated 2015 GDP per capita was \$17,700.

Diamond mining has fueled much of the economic expansion and currently accounts for over one third of the GDP and 70%–80% of export earnings. An expected leveling off in diamond production in the coming decades overshadows long-term prospects, but a major international diamond company signed a 10-year deal with Botswana in 2012 to move its rough stone sorting and trading division to the capital, Gaborone, by the end of 2013, which further supported the industry. Tourism, financial services, subsistence farming, and raising cattle are other key sectors. According to official government statistics, the unemployment rate was 17.8% in 2009, but unofficial estimates are higher.



HIV/AIDS Statistics

The HIV prevalence in Botswana's general population is considered one of the highest in the world, estimated at 25.2%. There are approximately 390,000 PLHIV in Botswana (UNAIDS website, December 2015). Through the 2011 UN Political Declaration on HIV, Botswana and other countries agreed on the need to measure the success of the

war against HIV through concrete, time-bound targets, which resulted in the need for careful monitoring of the commitments made by member states. Therefore, Botswana provides annual UNAIDS Global AIDS Response Reporting. According to the June 2015 report, heterosexual contact is the principal mode of transmission. Although the HIV incidence rate has marginally decreased, Botswana needs to design and implement innovative prevention measures in order to achieve the target HIV incidence rate of less than 1%. The current HIV incidence rate for Botswana is 1.35%. The percentage of young women and men 15–24 years of age who both correctly identified ways of preventing sexual transmission of HIV and who rejected major misconceptions about HIV transmission or prevention slightly increased from 42.1% in 2008 to 47.9% in 2013. Although the PMTCT program has done very well in Botswana compared with other countries, it is worrisome to note that in 2014 the percentage of HIV-positive pregnant women who received ARVs to reduce the risk of mother-to-child transmission decreased to 90.8% (11,845) from 95.9% in 2013. Furthermore, because of poor turnaround times at the laboratory, only 41.6% of infants born to HIV-positive women received a virological test for HIV within 2 months, a figure that was even lower than that for 2013 (47%). There are also high treatment failure rates for adults (an increase in first-line adult failure rate from less than 6% recorded in 2012 to more than 10% in 2013) due to the challenges of adherence to counseling and monitoring. According to the UNAIDS Global Report 2013, Botswana has already met its goal of providing ART to over 90% of pregnant women living with HIV, and the estimated annual number of AIDS-related deaths has declined significantly in the past decade (from 18,000 in 2002 to 5,700 in 2012), while the estimated number of children newly orphaned by AIDS has fallen by 40%.

Military Statistics

The Botswana Defense Force (BDF) is estimated to have 11,200 active-duty personnel. Botswana expends 2.1% of the GDP on the military, according to *The Military Balance 2015* annual assessment. The BDF conducted a SABERS in 2009, and although the results were not made public, the study was completed and the BDF is using the findings to inform its prevention efforts and as a benchmark for measurement of trends.

Foreign Military Financing Assistance

Botswana was awarded FMF funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003, and the related authorization was released for execution in 2005. It has been fully employed for a cytometer, a chemistry analyzer, a polymerase chain reaction analyzer, an ELISA machine, an incubator, rapid test kits, reagents, and laboratory supplies.

PROGRAM RESPONSE

In-Country Ongoing Assistance

Through the OSC, the DHAPP in-country program staff member works in collaboration with DHAPP Headquarters staff and the BDF. DHAPP staff are active members of the PEPFAR Botswana Country Support Team. They

provided TA in developing the BDF COP for FY16. In FY15, Jhpiego became the sole implementing partner for PEPFAR-funded activities with the BDF on HIV prevention. DoD has continued to provide support for quality assurance and quality improvement of 3 BDF laboratories. The BDF has been endorsed and highly supported VMMC. Current efforts emphasize training, commodities, mobile surgical space, and demand creation for VMMC.

OUTCOMES & IMPACT

Prevention

The BDF's prevention program provides comprehensive prevention efforts for its troops, family members, and civilians living near its bases. Jhpiego continued to provide support for education, marketing, and distribution of the Sekwata military condom brand. In FY15, 392 men were circumcised. HTC services are critical to the BDF's program, and in FY15, 3,786 individuals were counseled, tested, and received their results.

Care and Treatment

DoD supports quality assurance and quality improvement activities for the 4 BDF testing facilities/laboratories with the capacity to perform clinical lab tests.

Proposed Future Activities

Continued comprehensive HIV programming for BDF members and their families was proposed to the PEPFAR Botswana Country Support Team. All proposed activities were included in the FY16 COP. Activities proposed in FY16 focus on aggressive expansion of current campaign-based VMMC services into routine VMMC services at the BDF camps/facilities. In addition, proposed activities include continued support for military condom branding, procurement, marketing, distribution, and education.



Lesotho



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BACKGROUND

Country Statistics

The estimated population of Lesotho is 1.9 million people, with an average life expectancy of 53 years. English and Sesotho are the official languages of Lesotho, which has an estimated literacy rate of 79.4%, unevenly distributed between men and women. The economy is still primarily based on subsistence agriculture, especially livestock, although drought has decreased agricultural activity. Lesotho's budget relies heavily on customs receipts from the Southern African Customs Union, however, the government recently strengthened its tax



system to reduce dependency on customs duties. Economic growth slowed in 2009 as a result of the global economic crisis, but growth exceeded 4% per year from 2010 to 2012. Growth is expected to increase further as a result of major infrastructure projects, although the country's weak manufacturing and agricultural sectors continue to limit growth. Additionally, diamond mining has grown in recent years. The 2015 estimated GDP per capita was \$3,000.

HIV/AIDS Statistics

The estimated HIV prevalence in the Lesotho general population is 23.4%, one of the highest rates in the world, with approximately 310,000 PLHIV (UNAIDS website, December 2015).

Military Statistics

The Lesotho Defense Force (LDF) is estimated at approximately 2,000 members. According to *The Military Balance* 2015 annual assessment, Lesotho expends 2.2% of the GDP on the military. HIV prevalence and behavior data for the LDF were presented during a stakeholders workshop in August 2011.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff are active members of the PEPFAR Lesotho Country Support Team, and they provided TA in preparing the FY15 COP. In FY15, the in-country program manager oversaw programmatic activities and worked with the partner military and implementing partners. PSI began working with the LDF in 2005. The current PSI project implemented in partnership with the LDF focuses primarily on the aggressive scale-up of VMMC services for military personnel, their dependents, and other uniformed personnel. In addition, in FY15, PSI supported continued HTC TA and procurement, marketing, education, and distribution of military-branded condoms for the LDF.

Foreign Military Financing Assistance

Lesotho was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2006 and augmented in 2007, 2008, and 2009. Related authorizations were released for execution in 2008 (×2), 2009, and 2011, respectively. The 2006 funding was fully employed for a cytometer, chemistry analyzer, hematology analyzer, incubator, autoclave, centrifuge, and supporting laboratory supplies and reagents. The 2007–08 funding has been fully expended and used to purchase a hematology analyzer, cytometers, and a chemistry analyzer. In 2012–13, 70% of the 2009 funding was obligated for GeneXpert IV and PointCare NOW instruments, a central router for the laboratory computer system, and PointCare reagents.

OUTCOMES & IMPACT

Prevention

The LDF has supported condom procurement, marketing, education, and distribution for military personnel since the inception of the program.

A total of 4,594 individuals attended HTC services and received their test results. Of these 4,594 individuals, 2,108 received HIV testing as part of a comprehensive package of prevention services offered with the VMMC program.

The VMMC program was launched in September 2012, and 1 location currently provides these services. A total of 2,108 men were circumcised in FY15. DHAPP conducted a VMMC study in 2009 among LDF personnel and an article about the study was published in *PloS ONE* in November 2011. The study provided information regarding the prevalence of various types of VMMC being done in Lesotho, and it was used to inform planning the rollout of VMMC services.

Other

In FY15, DoD began construction of a TB treatment facility at the Makoanyane

Military Hospital. Construction on this building is expected to be completed before the end of FY16.

Proposed Future Activities

Continued HIV programming for LDF members was proposed by the Embassy to the PEPFAR Lesotho Country Support Team. All proposed activities were included in the FY16 COP. Ongoing activities include the VMMC program, training for LDF providers on PITC and other targeted HIV testing platforms, condom promotion and distribution, and completion of the TB facility construction. In FY16, DoD will begin supporting the LDF in the aggressive scale-up of HIV care and treatment services for HIV-infected military personnel in the pursuit of achieving UNAIDS 90-90-90 treatment targets among this important population for HIV epidemic control. Specific support will include expanding HTS to include index case testing; clinical training, staffing, and supervision support for the ART clinic; improving linkages for HIV-positive military personnel into care and treatment services; and military epidemic monitoring through an upcoming seroprevalence study.



Malawi

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BACKGROUND

Country Statistics

The estimated population of Malawi is 18 million people, with an average life expectancy of 61 years. English is the official language of Malawi, which has an estimated literacy rate of 65.8%, unevenly distributed between men and women. Landlocked Malawi is one of the world's most densely populated and least developed countries. The economy is predominately agricultural, with the majority of the population living in rural areas. Agriculture accounts for most of the GDP and 90% of export revenues. Since 2009, Malawi has experienced a few setbacks, including a general shortage of foreign exchange, which has affected its ability to pay for imports, and fuel shortages that have hampered transportation and productivity. Donors suspended general budget support in 2013 and the government has failed to address barriers to investment, including water shortages, unreliable power, poor telecommunications infrastructure, and the high cost of services. The 2015 estimated GDP per capita was \$1,200.

HIV/AIDS Statistics

The estimated HIV prevalence in the general population of Malawi is 10.0%, with approximately 1.1 million PLHIV (UNAIDS website, December 2015). Most cases of HIV in Malawi are spread through multi-partner heterosexual sex. The 2010 Malawi Demographic and Health Survey found that HIV prevalence varied markedly by sex, age, urban–rural residence, geographical location, and other characteristics. Females had a higher HIV prevalence than males (12.9% vs. 8.1% in 2010), with the largest disparity in the 15–19 years age group. In addition, HIV was more prevalent in urban communities than in rural; the Southern region had a prevalence of 14.5%, which was twice as high as that in the Northern and Central regions (UNGASS Country Progress Report: Malawi 2014). Malawi has been a pioneer in nurses' administration of ART and



integration of community health workers in various HIV services, including administration of HIV treatment for specialized community health workers (UNAIDS Global Report 2013).

Military Statistics

The Malawi Defense Forces (MDF) is estimated at approximately 5,300 members, according to DHAPP staff. According to *The Military Balance* 2015 annual assessment, Malawi expends 0.95% of the GDP on the military.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The MDF has established an HIV/AIDS coordinating team made up of MDF personnel. They work with Project Concern International (PCI), which provides prevention education. The DHAPP program manager coordinates with the MDF and the implementing partners, PCI and Jhpiego, on the ground in collaboration with DHAPP headquarters staff.

Foreign Military Financing Assistance

Malawi was awarded Foreign Military Financing (FMF) funding for the acquisition of laboratory equipment, supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2005 and augmented in 2006, 2007, 2008 and 2009. Related authorizations were released for execution in 2007, 2009(×2), and 2010 respectively. The 2005 funding has been employed for cytometers, a digital balance/printer, a microscope, a centrifuge, a tube dry block heater, a distiller, a freezer, a biosafety cabinet, and refrigerators. The 2006 funding has been employed for chemistry, hematology and electrolyte analyzers, incubators, binocular microscopes, autoclaves, water baths, refrigerators, cytometers, and supporting supplies and reagents. The 2007-08 funding has been employed to date for hematology and chemistry analyzers, cytometers, a centrifuge, a needle incinerator, an autoclave, and a generator.

OUTCOMES & IMPACT

Prevention

In FY15, prevention efforts continued and 18,631 individuals were reached with individual and/or small group-level preventive interventions.

HTC services were scaled up in relation to the VMMC program and the SABERS. Services were provided to 12,792 individuals and they received their test results. In FY13, PCI launched PMTCT activities and provided support for the MDF policy to ensure all women who receive antenatal care (ANC) also receive an HIV test at the clinics. As part of the BCC strategy, senior officers' spouses and peer educators also encourage women to receive ANC and be tested for HIV. PCI also trained "mentor mothers," who provide support to HIV-positive women after their antenatal appointments on proper preparation and care in PMTCT before and after birth. In FY15, a total of 731 pregnant women knew their HIV status and of these, 56 HIV-positive pregnant women received ARVs to reduce the risk of mother-to-child transmission.

The VMMC program was launched in FY12, and in FY15, a total of 1,638 males received VMMC services. Twenty-nine (29) VMMC service providers and 43 HTC counselors were trained. VMMC outreach activities were conducted through 4 static sites and 8 outreach sites in Lilongwe, Kasungu, Zomba, and Karonga.

Care and Treatment

The MDF has a number of activities centered on care of PLHIV. Affected persons were assisted by support groups that facilitated delivery of services and also provided accurate and updated information. More soldiers and their spouses were publicly declaring their serostatus to identify with PLHIV networks. Nine-hundred forty-five (945) eligible adults and children were newly enrolled in HIV care. In total, 1,957 eligible adults and children were provided with a minimum of 1 care service.

In FY15, a total of 6,385 individuals with advanced HIV infection were currently enrolled in ART, and 847 were newly enrolled in ART.

Other

A seroprevalence study in the MDF, in collaboration with RTI and DHAPP, was completed in June 2013. DHAPP staff went to Malawi and disseminated the results of the SABERS study to the MDF in July 2015.

Proposed Future Activities

Continued HIV programming for MDF members was proposed by the Embassy to the PEPFAR Malawi Country Support Team. All proposed activities will be submitted in the FY16 COP. Activities include continued combination prevention, care, and treatment efforts and increased targeted HTS. The VMMC program will focus on capacity building, system strengthening, training of providers, provision of VMMC services, and standardized, supportive supervision to ensure quality services. Baobab Health Trust is the newly selected implementing partner to create an electronic medical records system specifically tailored for the MDF. This project is slated to begin in FY16.



Mozambique



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BACKGROUND

Country Statistics

The estimated population of Mozambique is 25.3 million people, with an average life expectancy of 53 years. Portuguese is the official language of Mozambique, which has an estimated literacy rate of 59%, unevenly distributed between men and women. Over the last 3 decades, the government has embarked on a series of macroeconomic reforms to try to stabilize the economy after a brutal civil war, socialist policies, and economic mismanagement impoverished the country. These steps, along with donor assistance and political stability since 1994, have boosted Mozambique's GDP from \$4 billion in 1993 to about \$34 billion in 2015. In spite of these gains, a majority of the population remains below the poverty line. Subsistence agriculture continues to employ most of the country's workforce. In 2012, The Mozambican government took over Portugal's last remaining share in the Cahora Bassa Hydroelectric Company, a significant contributor to the Southern African Power Pool. The government has plans to expand the Cahora Bassa dam and build additional dams to increase its electricity exports and fulfill the needs of its burgeoning domestic industries. Mozambique's once substantial foreign debt has been reduced through forgiveness and rescheduling under the IMF's Heavily Indebted Poor Countries (HIPC) and Enhanced HIPC initiatives, and is now at a manageable level. Mozambique grew at an average annual rate of 6%–8% in the decade up to 2015, making it one of Africa's strongest performances. The GDP per capita was \$1,300 in 2015.

HIV/AIDS Statistics

The estimated HIV prevalence in Mozambique's general population is 10.6%, with approximately 1.5 million PLHIV (UNAIDS website, December 2015).

Military Statistics

The Forças Armadas de Defesa de Moçambique (FADM) is estimated at approximately 11,200 active-duty troops. According to *The Military Balance* 2015 annual assessment, Mozambique expends 0.2% of the GDP on the military. A SABERS was conducted in 2006, and another in 2009, with a report completed in 2010. The results from these surveys are being used to guide the prevention program. A new SABERS study will begin data collection in February 2016.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The FADM works in collaboration with PSI, Jhpiego, and the University of Connecticut Center for Health, Intervention, and Prevention. An in-country program manager from the DAO at the US Embassy oversees the activities of the various partners as well as participates in the PEPFAR Mozambique Country Support Team.



Foreign Military Financing Assistance

Mozambique was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2005, 2006, and 2007. Related authorizations were released for execution in 2005, 2008, and 2010 (×2), respectively. The 2003 funding has been fully employed for centrifuges, an Olympus microscope, minor lab equipment, and supporting supplies. The 2005 and 2006 funding has been employed for a hematology analyzer, centrifuges, agitators, a distiller, an analytical scale, a biosafety cabinet, minor lab equipment, and supporting reagents and supplies. The 2007 funding has been fully obligated for purchasing multiple pieces of equipment, which included cytometers, a PointCare NOW instrument, syringes, and syringe dryers.

OUTCOMES & IMPACT

Prevention

In FY15, a total of 4,417 men were circumcised as part of VMMC for HIV prevention programs at 3 fixed sites in Beira, Nampula, and Tete, and through mobile campaigns. VMMC, HTC, and condom activities were transitioned from PSI to Jhpiego at the end of the second quarter of FY15.

Through FADM, PSI, and Jhpiego efforts in FY15, 10,288 individuals were counseled, tested, and received their test results.



The University of Connecticut program, “Opções Para a Saúde”, is a peer educator-driven, evidence-based PHDP program aimed at reducing risky sexual

behavior among HIV-positive soldiers and civilians who receive HIV care at locations in Maputo, Sofala, and Nampula. In FY15, PLHIV were reached with a minimum package of PHDP interventions in military clinics in Maputo, Nampula, and Sofala. The program consists of collaborative, patient-centered discussions between peer educators and patients using motivational interviewing techniques to introduce the topic of safer sex, assess patients' risk behaviors, identify their specific barriers to the consistent practice of safer behaviors, elicit strategies from the patients for overcoming these barriers, and negotiate individually tailored risk-reduction goals, or plans of action, that the patients will work on between clinic visits. These discussions of HIV risk reduction are patient specific, based on the patient's risk assessment, risk-reduction needs, and readiness to change his or her risky behavior.

PSI procured 1 million military-branded condoms prior to the end of the PSI project. The current Jhpiego award is focused on condom branding, procurement, education, distribution, and marketing to FADM personnel.

Other

DHAPP began joint planning with the FADM for an upcoming SABERS study to begin in 2016. The FADM 2016 SABERS will provide HIV prevalence and behavioral indicators, measure military TB prevalence and CD4 cell counts, and provide cryptococcal meningitis testing for all HIV-positive study participants. Two large construction projects began in FY15. Construction began on a health center at the Boane military base and on the Samora Machel Building at the Maputo Military Hospital. Construction of the two projects is expected to be near completion by the end of FY16.



DoD began rehabilitation and construction of new military health facilities. The first new hospital is being built at Boane military base in Maputo Province, and the Maputo Military Hospital is under renovation.

Proposed Future Activities

DHAPP will continue to provide VMMC services at the 3 fixed sites and mobile campaigns through the Jhpiego project. These efforts will actively increase the numbers of FADM soldiers circumcised, as well as integrate VMMC services into the FADM recruitment process.

DHAPP has continued planning and procurement for a mobile ART program targeting FADM soldiers at bases across the country. As agreed in the FY16 COP, DHAPP will take on clinical support, previously provided through other agencies, for the 3 military ART fixed sites in Maputo, Beira, and Nampula through a new, DoD-supported clinical partner. The new clinical partner will focus on improving ART access for the FADM through the combination of mobile ART outreach and linkage to the fixed sites. The FADM clinical partner

will actively work to expand clinical services toward the goal of achieving 90-90-90 treatment targets for HIV-infected FADM personnel.

DHAPP is currently exploring the implementation of a study on the effects of Test and Start for HIV-infected military personnel, based on WHO treatment guidelines to initiate ART in all PLHIV at any CD4 cell count. The study would examine HIV transmission dynamics within the military bases and surrounding communities.



Namibia



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BACKGROUND

Country Statistics

The estimated population of Namibia is 2.2 million people, with an average life expectancy of 52 years. English is the official language of Namibia, which has an estimated literacy rate of 82%, evenly distributed between men and women. The Namibian economy is closely linked to South Africa, and up until 2010, 40% of Namibia's budget revenues came from the Southern African Customs Union. The country is heavily dependent on the extraction and processing of minerals for export. Mining accounts for 11.5% of the GDP, however, it provides over 50% of foreign exchange earnings and only employs 2% of the population. The FY15 estimated GDP per capita was \$11,300.

HIV/AIDS Statistics

The HIV prevalence in Namibia's general population is estimated at 16%. Namibia has approximately 260,000 PLHIV (UNAIDS website, December 2015). The primary identified risk factor in the population is unprotected heterosexual contact.

Military Statistics

The Namibian Defense Force (NDF) is estimated at approximately 9,200 troops. According to *The Military Balance* 2015 annual assessment, Namibia expends 3.4% of the GDP on military expenditures. There are no official figures for HIV prevalence in the NDF.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The program in Namibia was established in 2003 with the support of DHP funding, and PEPFAR support began in 2004. Implementing partners who work with the NDF include the University of Washington International Training and Education Center for HIV, the Society for Family Health (SFH), and Jhpiego.

OUTCOMES & IMPACT

Prevention

HIV educators were trained at 23 different military sites on HIV/AIDS prevention messages, focusing on the main drivers of the epidemic in Namibia and social norms that exacerbate risk behaviors, including male norms and alcohol abuse. HIV education activities were conducted with supervision support from SFH regional staff in collaboration with HIV unit coordinators at various bases.



In FY15, a total of 9,930 members were reached with HIV prevention messages. Activities carried out during the outreach events included different kinds of conversational techniques and guided group interactions to help individuals recognize and modify their health risk-taking behaviors. Condoms with military-specific packaging were also disseminated to the military bases through the MOD/NDF distribution channel and SFH regional offices, and 25 condom dispensers.

A total of 736 members were counseled, tested, and received their results at the 3 HTC sites and through outreach campaigns. During the reporting period, TA included mentoring of counselors and testers on HTC documentation, record keeping, quality control, and safety and infection control in line with the national HTC guidelines at the Grootfontein and Rundu military bases and Walvis Bay Naval Base.

In 2014, Jhpiego was brought on as the main implementing partner supporting the provision of VMMC for military personnel. Military members were trained at 2 field hospitals that will be used as temporary sites to provide VMMC and related services. A total of 391 men were circumcised during FY15.

Care and Treatment

The goal of the care and treatment program is to assist the NDF in the provision of high-quality services and to strengthen the capacity of the military staff as well as civilian employees. The main objectives are to expand and enhance clinic-based HIV care services, and to strengthen and expand coverage of military support groups for persons infected with and affected by HIV.

A total of 188 MOD members were provided with a minimum of 1 HIV care service (STI and TB management, TB and alcohol screening, or psychosocial support) at the Grootfontein Military Base. The Fountain of Hope HIV care and treatment clinic at the Grootfontein Military Base has been operational since

2009, providing comprehensive HIV and related disease services, including ART, pre-ART care, TB, and other HIV care services. Currently, 324 members are receiving ART at the facility. Other assistance included support for 10 patients co-infected with HIV and TB.

Laboratory

The MOD, with technical and financial support from DoD, runs a laboratory facility at Grootfontein Military Hospital with the capacity to perform basic hematological tests, full clinical chemistry tests, basic serological tests (syphilis, hepatitis, HIV), CD4 counts, and malaria and TB diagnostics as core functions of the lab.

Proposed Future Activities

The 3 implementing partners are working to successfully transition programming to NDF ownership. The NDF will receive capacity building and technical support to be able to implement sustainable HIV prevention, care, and treatment, and VMMC services for NDF members.



South Africa

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BACKGROUND

Country Statistics

South Africa's estimated population is 54 million people, with an average life expectancy of 62 years. Many languages are spoken in South Africa. The four most common are English, isiZulu, isiXhosa, and Afrikaans, and the population has an estimated literacy rate of 94% that is evenly distributed between men and women. South Africa has an emerging market, with a rich supply of natural resources; well-developed financial, legal, communications, energy, and transport sectors; a stock exchange that is in the top 20 in the world; and a modern infrastructure supporting an efficient distribution of goods to major urban centers in the region. An outdated infrastructure has constrained growth and unemployment remains high, estimated at nearly one quarter of the workforce and significantly higher among black youth. A number of economic problems remain from the era of apartheid, primarily poverty, lack of economic empowerment among disadvantaged groups, and public transportation shortages. The 2015 estimated GDP per capita was \$13,400.

HIV/AIDS Statistics

South Africa's HIV/AIDS prevalence of 19% in the general population is one of the highest in the world (UNAIDS website, December 2015). South Africa is home to the world's largest PLHIV population, with approximately 6.8 million people, including 340,000 children thought to be living with the virus. As of 2012, an estimated 13.9% of females and 3.9% of males 15–24 years of age live with the disease (UNAIDS AIDS Global Report 2013). Heterosexual contact is the principal mode of transmission.



Military Statistics

According to *The Military Balance 2015* annual assessment, the South African National Defense Force (SANDF) is estimated at 62,100 active-duty members, with approximately 350,000 dependents. In an August 2012 study, the prevalence of HIV in the SANDF was estimated at 8.5%. South Africa allots 1.2% of the GDP for military expenditures.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The SANDF HIV/AIDS program is a collaborative effort between the SANDF, the OSC at the US Embassy, and DHAPP. An in-country program team that works under the OSC manages daily program operations. DHAPP staff members provided TA to the SANDF during in-country visits. The Henry M. Jackson Foundation and Society for Family Health (SFH) were the implementing partners in FY15.

OUTCOMES & IMPACT

Prevention

The SANDF continued to provide female condoms and distribute military branded (camouflage) male condoms to its members. The condoms were initially provided to soldiers who were about to deploy on PKOs but are currently distributed to all military bases and health facilities. Additional prevention services provided to the SANDF include VMMC and HTC services. In FY15, 23,307 individuals received HTC and their test results, and 1,609 men were circumcised through the SFH-supported VMMC program.

Care and Treatment

HIV-positive adults and children are receiving clinical services through the SANDF. Approximately 8,000 eligible adults and children were provided with a minimum of 1 care service. Currently, 3 mobile clinics are linked to military clinics in urban areas, a more rugged SUV mobile clinic for the border regions, and 5 additional mobile clinics deployed to border regions and hard-to-reach rural areas. In FY15, 845 patients were newly initiated on ART, and at the end of the reporting period, 8,323 patients were currently receiving ART.

In February 2014, a Memorandum of Understanding was signed by the South African Government's National Department of Public Works and the US Embassy that allows for PEPFAR/DoD support for the renovations of a number of health facilities. The SANDF is working on developing the scopes of work and tentative budgets for the renovation of 6 clinics and pharmacies beginning in FY16–17.

Proposed Future Activities

Future activities include support for the establishment and strengthening of VMMC services as part of the SANDF health care system. Two (2) VMMC mobile clinics were recently procured and allocated to 2 provinces where there

are infrastructure/facility constraints. The expected target from these mobile clinics is an estimated 2,000 circumcisions. DHAPP will continue to support health system strengthening efforts through procurement of point-of-care equipment and in-service training for military health care workers to provide adult and pediatric HIV care.



Swaziland

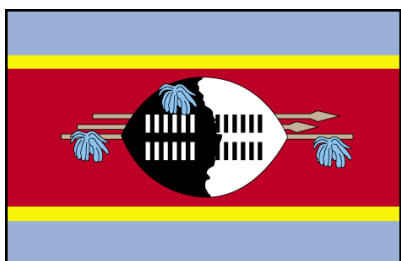


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BACKGROUND

Country Statistics

The estimated population of Swaziland is 1.4 million people, with an average life expectancy of 51 years. English and siSwati are the official languages of Swaziland, which has an estimated literacy rate of 87%, evenly distributed between men and women. In this small, landlocked economy, subsistence agriculture employs about 70% of the population. The economy is highly dependent on South Africa, from which it receives more than 90% of its imports and to which it sends 60% of its exports. Sugar and wood pulp used to be the main foreign exchange earners, but sugar is now the top export earner since the wood pulp producer closed in 2010. Swaziland's 40% unemployment rate indicates a need to increase smaller enterprises and attract foreign investment. The estimated 2015 GDP per capita was \$9,800. Swaziland is faced with a number of issues for the future, including overgrazing, soil depletion, drought, and floods.



HIV/AIDS Statistics

Swaziland has the world's highest known rates of HIV/AIDS infection. The estimated HIV prevalence in the Swaziland general population is 27.7%, with approximately 210,000 PLHIV (UNAIDS website, December 2015), and accounts for approximately 37% of annual mortality rate. In Swaziland, transmission during heterosexual contact (including sex within stable couples, casual sex, and sex work) is estimated to account for 94% of incidence infections. Approximately 7%–11% of new infections are thought to be attributable to sex workers, their clients, and clients' regular partners; one survey of 323 female sex workers showed a prevalence rate of 70% (UNGASS Country Progress Report: Swaziland 2014). Swaziland also has the highest

estimated incidence of TB, with 1,320 cases per 100,000 population (WHO-CIDA Initiative: Intensifying TB Case Detection, Update 2012), 80% of whom are PLHIV. Current national ART saturation is 54% (UNAIDS, 2014), and as of October 2015, the national ART guidelines now recommend initiating ART for asymptomatic PLHIV at CD4 < 500.

Military Statistics

The Umbutfo Swaziland Defense Force (USDF) is estimated at less than 5,000 members. Swaziland allocates 2.6% of the GDP for military expenditures. DHAPP analyzed HIV prevalence and behavioral data for USDF members in 2009–10.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The USDF has developed an ongoing prevention and care program for its military members and their families in collaboration with DHAPP and other partners. DHAPP staff are active members of the PEPFAR Swaziland Country Support Team and provided TA in developing the FY15 COP and working collaboratively with USG partners. An in-country program manager oversees all programmatic activities. Prior support has focused on community-based HTC, and prevention, care, and treatment service delivery.

Foreign Military Financing Assistance

Swaziland was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented between 2005 and 2009. Related authorizations were released for execution in 2007 (×2), 2009 (×2), and 2010, respectively. The 2003–05 funding was fully employed for lab needs assessments, biosafety cabinets, minor equipment, and supporting reagents and supplies. The 2006–07 funding has been fully employed for sample prep equipment, a chemical analyzer, cytometer, freezer, centrifuge, sterilizer, refrigerators, and other minor equipment. The 2008 funding has been fully employed for equipment maintenance and reagents. All 2009 funding has been reprogrammed and transferred to the Navy Education and Training Security Assistance Field Activity to support lab technician training at the University of Malawi.

OUTCOMES & IMPACT

Prevention

During FY15, more than 10,000 individuals from the USDF, family members, or civilians near military bases were reached with individual and/or small group-level preventive interventions that met the minimum PEPFAR standards required. As part of comprehensive prevention services, 1,843 individuals were counseled and tested and received their test results. Clinicians provided PHDP interventions to 2,737 individuals. A PMTCT program was continued at Phocweni Clinic using Option B+ for 11 individuals.

Care and Treatment

Phocweni Clinic remains the sole ART site, providing clinical prophylaxis for OIs, TB screening for 100% of PLHIV in care or treatment settings, HTC for 100% of active TB cases, treatment for active TB cases, and ART for 313 PLHIV diagnosed with TB. DHAPP provides support for 2 contract physicians at Phocweni Clinic. During the reporting period, 2,737 HIV-positive adults and children were provided a minimum of 1 clinical service. A total of 533 PLHIV were newly enrolled in HIV care.

The USDF provides ART to the troops and their families. Current estimated ART coverage among active-duty military is 17.2%, although ART coverage of all those in care, including family members and other civilians, is 84% with 90% 12-month ART adherence retention. The trend of early HIV diagnosis and treatment initiation is reflected in the average CD4 count at ART initiation. In FY15, a total of 280 individuals were newly initiated on ART, 1,882 adults and children with advanced HIV infection were currently receiving ART, and 426 PLHIV received therapeutic or supplementary food. In addition, 1,692 HIV-positive persons received cotrimoxazole prophylaxis.

Other

Two (2) USDF members attended the Regional MIHTP in Malawi in July 2015. DHAPP staff provided in-country TA in HIV care and treatment to Phocweni Clinic.

Proposed Future Activities

Continued comprehensive HIV programming for USDF members and their families was proposed by the Embassy to the PEPFAR Swaziland Country Support Team and it was included in the 2016 COP. Activities in support of continued centralized prevention, care, and treatment services will be continued at Phocweni Clinic, serving as a robust ART clinical site with excellent TB

care. The primary focus will be aggressive scale-up of ART services to reach 80% ART saturation of military PLHIV by the end of FY17. Ongoing discussions with the USDF to engender sustainability and country ownership will be pursued. Swaziland has been selected by PEPFAR as 1 of 6 priority countries for the viral load monitoring scale-up, and DHAPP will support continued lab infrastructure development.



Zambia

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BACKGROUND

Country Statistics

Zambia's estimated population is 15 million people, with an average life expectancy of 52 years. There are many official languages in Zambia, and Bemba and Nyanja are the most widely spoken. The estimated literacy rate is 63.4%, unevenly distributed between men and women. Zambia's economy has experienced strong growth in recent years at more than 6% per year. Copper output has increased steadily since 2004, due to higher copper prices and foreign investment. The estimated 2015 GDP per capita was \$4,300. In recent years, economic policy inconsistency and poor budget execution has hindered the economy and contributed to weakness in the kwacha, which was Africa's worst performing currency during 2014. The public debt as a share of GDP has been significantly increasing since Zambia raised \$3 billion from international investors by issuing separate sovereign bonds in September 2012, April 2014, and July 2015. In 2015, Zambia's economy suffered from depressed copper prices and a drought, leading to a significant cut in power generation.

HIV/AIDS Statistics

The HIV/AIDS prevalence in Zambia is one of the highest in the world. The estimated prevalence rate in the general population is 12.4%, with 1.2 million PLHIV (UNAIDS website, December 2015). It is estimated that 90% of adult infections are attributable to unprotected heterosexual activity either with a casual partner, a long-standing partner, or concurrent sexual partners (UNGASS Country Progress Report: Zambia 2014).



Military Statistics

According to *The Military Balance* 2015 annual assessment, the Zambian Defense Force (ZDF) is estimated at approximately 15,100 members. Zambia expends 1.6% of the GDP on the military. Seroprevalence studies were conducted within the ZDF in 2004 and 2012 and demonstrated a substantial decrease from 2004 to 2012.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The HIV/AIDS program in the ZDF is a collaborative effort between the ZDF, the DAO at the US Embassy, Project Concern International (PCI), Jhpiego, Society for Family Health (SFH) under PSI, Zambia Defense Forces Prevention, Care, and Treatment (ZDFPCT) project under FHI 360, Zambia Defense Force Health System Strengthening Project through John Snow, Inc., and DHAPP. In-country program team members from the DAO coordinate and manage the various program partners and activities. In FY15, DHAPP staff members provided TA and mentoring to the ZDF during in-country support team visits and meetings. Support was also provided by the American International Health Alliance in system strengthening and capacity building.

OUTCOMES & IMPACT

Prevention

During FY15, PCI and SFH reached 40,492 military personnel and civilians in and around 52 ZDF units with individual or small, group-level preventive interventions. PCI supported the findings from the 2012 ZDF HIV prevention formative assessment and the ZDF 2011 seroprevalence study to develop a draft ZDF BCC strategy. With support from the Zambia Health Education and Communications Trust, PCI developed a training curriculum that was used to train ZDF health care providers as BCC trainers of trainers. Additionally, PCI, in partnership with the World Young Women's Christian Association, oriented ZDF Women's Clubs and cervical cancer peer educators on the draft BCC strategy and trained them on integrated HIV and GBV prevention. SFH works with community health promoters who interact with ZDF personnel and surrounding communities to deliver key messages on other preventive measures, as well as benefits of VMMC.

In this reporting period, HTC services were provided to 63,417 military personnel and civilians, in and around 52 ZDF units, and all received their test results. These efforts were supported by PCI, Jhpiego, and FHI 360 and focused on supportive supervision, capacity building, improved recording and reporting following the monitoring and evaluation workshop held earlier in the year, HTC training for health care providers and procurement of materials and equipment, and mobile and home-based HTC. This has strengthened couples HTC interventions and allowed for the identification and tracking of discordant couples. PCI procured and distributed condoms to all the clients reached with HTC services through mobile services. PITC is fully integrated into all service areas.

Fifty-four (54) facilities provided PMTCT services. In FY15, a total of 7,171 pregnant women received HTC and their test results. Of these women, 1,178 HIV-positive pregnant women received ARVs to reduce risk of mother-to-child-transmission. Saving Mothers, Giving Life (SMGL) is an initiative, formally announced by then-Secretary of State Hillary Clinton in 2012 that seeks to reduce maternal mortality by 50%, with a focus on the 48 hours around labor and delivery. The ZDF is fully engaged in the SMGL rollout in 3

districts. Additionally, DoD invested in the construction of a maternity unit and improvement of the SMGL health facilities in the 3 sites. These investments resulted in improved infrastructure, additional staff who improved the referral system for obstetric emergencies, and better equipped maternity services. Achievements during phase 1 of SMGL activities have been positive, particularly the increase in facility-based deliveries. In the first year of the program, all districts saw an increase in the uptake of family planning among postpartum women. Safe Motherhood Action Groups (SMAGs) were formed in all 3 districts. SMAGs worked at the community level to increase demand for antenatal care, facility-based deliveries, PMTCT services, and counseling and provision of family planning.

Partners supporting VMMC services in FY15 included ZDFPCT/FHI 360, Jhpiego, and SFH/PSI. A total of 9,711 ZDF personnel and their male family members received VMMC services in FY15. Activities included strengthened engagement with military commanders and traditional leaders who supported demand creation, improved programming and coordination by partners through regular staff and community meetings, supportive supervision and quality assurance visits, and partner participation in the national VMMC campaigns. Partners also supported training of ZDF staff to use mobile equipment, skills training for ZDF personnel, and procurement and distribution of VMMC consumables and surgical instruments.

Care

Fifty-four (54) service outlets provided HIV-related care services to military members, their families, and civilians living in the surrounding areas. During FY15, 10,169 HIV-positive adults and children were provided with a minimum of 1 clinical service. The ZDF scaled up implementation of services for HIV-infected and affected adults and children, and served 5,917 OVC. Trainings for health care providers and supportive supervision and mentorship were provided, and basic medical equipment and clinical commodities were also procured and distributed to all ZDF sites.



Additionally, 169 eligible clients received food and/or other nutrition services. PCI provided home-based caregivers and PMTCT lay cadres with nutrition and infant and young child feeding counseling tools as part of the community-based PMTCT program. PCI procured high-energy protein supplements and provided them to the patients based on the nutrition assessment.

Treatment

The ZDF has 40 service outlets that provide ART for its personnel, family members, and civilians living in the surrounding areas. In FY15, 3,376 adults and children with advanced HIV infection were newly enrolled on ART, and at the end of the reporting period, 20,382 adults and children were currently receiving ART. Several factors have contributed to the increased number of clients enrolled at ART sites, including training in adult and adolescent ART/OI management for health workers, ongoing technical support, and onsite

mentorship that emphasizes strict follow-up of all HIV-positive clients. Zambia is one of a handful of countries in Africa that recommend ART for all HIV-positive children under 15 years of age, per WHO 2013 guidance. Zambia also received Accelerating Children's HIV/AIDS Treatment Initiative funds that support pediatric HIV case finding and enrollment on treatment. In FY15, 1,152 HIV-exposed infants (HEI) were tested within 12 months of birth and 263 HEI have a documented outcome at 18 months of age.

Health Systems Strengthening and Other Activities

DoD has focused on continuous strengthening of health facilities in the ZDF sites in outlying areas, and monitoring performance of sites already constructed and rehabilitated. During 2015, 2 clinics, 3 maternity units, a lecture theater, and 3 nursing schools were completed. Construction is ongoing for 10 mothers waiting shelters, 4 clinics and the Defense School of Health Sciences. These initiatives will strengthen the community activities supported by PCI, and the facility-based activities supported by Jhpiego and FHI. The facility-based activities are focused on effective community sensitization, capacity development, and a well-coordinated linkage between the community and health facilities for the HIV-positive women to access ART.

Other activities include capacity building for military health personnel in prevention, care, and treatment programs. Twenty-three (23) health care professionals working in various ZDF sites were trained in emergency medicine. The training was conducted in 3 phases and participants were awarded certificates for successfully completing the course. The infection prevention and injection safety program was implemented, and 15 health professionals have since been trained in infection prevention, safety protocols, and quality assurance in health care delivery.

Proposed Future Activities

All proposed activities were submitted by the US Embassy to the PEPFAR Zambia Country Support Team and included in the FY16 COP. The DAO will continue to strengthen prevention, care, treatment, and boost other system strengthening activities in the ZDF and surrounding communities. Areas of special focus are the scale-up of VMMC through advocacy and demand creation; implementation of Option B+ in all military health facilities; scale-up of nutrition assessment, counseling, and support services; cervical cancer screening services as part of HTS mobile services; and the SMGL initiative supported by PCI and Jhpiego. Studies are being planned for the PrePex male circumcision device, a sexual networking study, and an assessment of multidrug-resistant TB. Results will be used to inform the program and improve service delivery.





West Region

Benin



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BACKGROUND

Country Statistics

Benin is a West African country with an estimated population of 10.4 million people and an average life expectancy of 61 years. French is the official language of Benin, which has an estimated literacy rate of 38%, unevenly distributed between men and women. The economy of Benin remains underdeveloped and relies largely on subsistence agriculture, cotton production, and regional trade. Growth in real output averaged nearly 4% before the global recession, and since 2012 it has averaged about 5.5%. Inflation has subsided over the past few years. To increase growth further, Benin plans to attract more foreign investment, focus on tourism and the development of new food processing systems and agricultural products, and support new information and communication technology. Benin signed a second compact with the Millennium Challenge Corporation, since the original \$306 million grant was established in 2006. The 2015 estimated GDP per capita was \$2,000.

HIV/AIDS Statistics

The HIV prevalence in the adult population of Benin is estimated at 1.1%, with approximately 78,000 PLHIV (UNAIDS website, December 2015).



Military Statistics

The Benin Armed Forces (BAF) is composed of approximately 20,000 members, with a 2% HIV prevalence, according to a prevalence study conducted in 2005. Benin allocates 1% of the GDP for military expenditures according to *The Military Balance* 2015 annual assessment. The BAF frequently supports PKOs in Mali, Côte d'Ivoire, and the Democratic Republic of the Congo.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff have been collaborating with the OSC in Accra, Ghana, and the US Embassy in Cotonou to support the BAF. In FY11, a DHAPP program manager was hired at the US Embassy to support the program.

Foreign Military Financing Assistance

Benin was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2009, and the related authorization was released for execution in 2010. In 2012, a GeneXpert IV instrument was procured, followed by 3 CD4 flow cytometers in 2013.

OUTCOMES & IMPACT

Prevention and Care

In FY15, 2,501 pregnant women received HTC services and 939 PLHIV were reached with a minimum package of PHDP interventions. Additional prevention activities included 12,643 people who were reached with evidence-based individual and/or small group-level preventive interventions. In FY15, a total of 939 adults and children with advanced HIV infection were receiving ART.

Proposed Future Activities

The BAF is working with DHAPP to continue prevention programming and assist with provision of care and treatment services for PLHIV at the main military hospital. In FY16, DHAPP will continue to provide TA to the BAF for the implementation of an electronic health system. Electronic medical records will improve reporting, data quality, and operational management of programs, including infectious and chronic disease management, and inpatient and outpatient registration and reporting. Laboratory quality improvement will be achieved through creation of standard operating procedures and a quality manual, proficiency testing, and lab equipment. An HIV prevalence project is also in early discussions with the BAF.



Burkina Faso



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BACKGROUND

Country Statistics

The estimated population of Burkina Faso is 18.9 million people, with an average life expectancy of 55 years. French is the official language of Burkina Faso, although native African languages belonging to the Sudanic family are spoken by 90% of the population. The estimated literacy rate is 36%, unevenly distributed between men and women. One of the poorest countries in the world, landlocked Burkina Faso has few natural resources and a weak industrial base. Approximately 80% of the population is engaged in subsistence agriculture, which is vulnerable to periodic drought. Cotton is the main cash crop. Gold is the main source of export revenue, and during the last few years, Burkina Faso has seen an upswing in gold exploration and production. The 2015 estimated GDP per capita was \$1,800.

HIV/AIDS Statistics

The HIV prevalence rate in Burkina Faso is estimated at 0.9%, with approximately 110,000 PLHIV. Of the 110,000 PLHIV, nearly half are women aged 15 years or older (UNAIDS website, April 2016).

Military Statistics

The Forces des Armees du Burkina Faso (FABF) is estimated to have approximately 17,000 active-duty troops. Burkina Faso expends 1.22% of the GDP on the military, according to *The Military Balance* 2015 annual assessment. Military HIV prevalence rates are unknown.



PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP and the OSC at the US Embassy in Ouagadougou are collaborating with the FABF. In FY15, 1 implementing partner, PROMACO was supporting the FABF with its HIV program.

OUTCOMES & IMPACT

Prevention

In FY15, PROMACO supported prevention programming for the FABF and reached 15,722 individuals through individual or small, group-level preventive interventions. PROMACO also helped the military provide HTC services to 10,923 individuals.

Care and Treatment

Seventeen (17) laboratories have the capacity to perform clinical lab tests, and 7 of these facilities are accredited according to national or international standards. With support from DHAPP, 2 military labs are well-equipped and capable of performing CD4 tests. The labs are located in the Bobo Dioulasso Garrison in the second military region and in the Lamizana military camp in the third military region. A total of 326 HIV-positive individuals were receiving ART in FY15.

Proposed Future Activities

Proposed activities for FY16 will include the implementation of a SABERS study to understand the drivers for HIV among the military and their risk factors for acquiring HIV.



Côte d'Ivoire

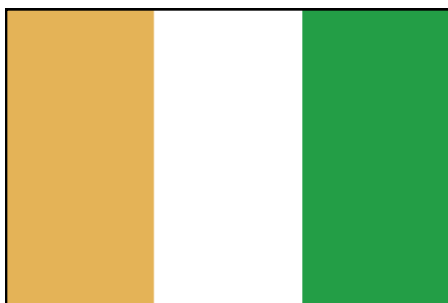


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BACKGROUND

Country Statistics

The population of Côte d'Ivoire is estimated at 23 million people, with an average life expectancy of 58 years. French is the official language of Côte d'Ivoire, which has an estimated literacy rate of 43%, unevenly distributed between men and women. Roughly 68% of the population is engaged in activities related to agriculture. Côte d'Ivoire is among the world's largest producers and exporters of coffee, cocoa beans, and palm oil, and, to a lesser extent, gold. Consequently, the economy of Cote d'Ivoire is sensitive to fluctuations in international prices for these products, as well as climatic conditions related to production. At the end of more than a decade of civil



conflict in 2011, the economy began to recover from a severe downturn. The IMF and World Bank announced \$4.4 billion in debt relief for Cote d'Ivoire in June 2012. The estimated 2015 GDP per capita and growth rate were \$3,400 and 8.2%, respectively. Côte d'Ivoire's long-term challenges include its political instability and degrading infrastructure. The current administration is focused on rebuilding the country's infrastructure and military, although ongoing threats from opposition supporters remain an issue.

HIV/AIDS Statistics

The estimated HIV prevalence in Côte d'Ivoire's general population is 3.5%, with approximately 460,000 PLHIV (UNAIDS website, December 2015). Although HIV prevalence in West and Central Africa is much lower than in southern Africa, the subregion is home to several serious national epidemics. While adult HIV prevalence is below 1% in 3 West African countries (Cape Verde, Niger, and Senegal), nearly 1 in 25 adults in Côte d'Ivoire is living with

HIV. According to the UNAIDS AIDS Epidemic Update 2009, adult HIV prevalence in Côte d'Ivoire is more than twice as high as in Liberia or Guinea, even though these West African countries share national borders. The epidemic is concentrated among men who have sex with men and sex workers, 50% and 28.7% prevalence, respectively (UNAIDS Global Report, 2013).

Military Statistics

The approximate size of the Force Républicaines de Côte d'Ivoire and the gendarmerie is approximately 40,000 members according to *The Military Balance* 2015 annual assessment. Côte d'Ivoire performs recruitment testing when possible, however, the prevalence rate is unknown. The government expends 2.4% of the GDP on the military.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP engages with the in-country DHAPP program coordinator located within the OSC. The DHAPP program coordinator represents DoD on the interagency PEPFAR team.

DHAPP staff have maintained active roles as members of the Côte d'Ivoire Country Support Team for OGAC. In these roles, DHAPP staff members have provided TA to the in-country team for the country operational planning

process for funding under PEPFAR in Côte d'Ivoire. In June 2012, FHI 360 was brought on as an implementing partner by DHAPP to assist the MOD with the development of a laboratory facility at the Akouedo military base in Abidjan, as well as the implementation of a SABERS study and the development of a military-specific policy.



OUTCOMES & IMPACT

Prevention and Health System Strengthening

In FY14, the SABERS study was conducted across the country in both military and gendarmerie bases. This study estimated the prevalence within the military and indicated areas of high prevalence and the perception and behavior surrounding HIV within the military population. This study was also the basis for the upcoming FY16 program of targeted HTS. In FY15, the Akouedo lab rehabilitation was completed and turned over to the military. The MOD has signed the policy document created in the previous fiscal year.



Proposed Future Activities

In FY16, the program will disseminate the SABERS data to the military and other stakeholders. PSI has been selected as the new implementing partner to conduct trainings on PHDP, MIHTP curriculum, targeted HTS, enrollment of military personnel into care and treatment, and implement prevention training for the faculty of military training schools.



The Gambia

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BACKGROUND

Country Statistics

The estimated population of The Gambia is 2 million people, with an average life expectancy of 65 years. English is the official language of The Gambia, which has an estimated literacy rate of 56%, with uneven distribution between men and women. The Gambia has no significant mineral or natural resource deposits and has a limited agricultural base. About 75% of the population depends on the agricultural sector for its livelihood, a sector that provides one quarter of the GDP. Due to The Gambia's natural beauty, it is one of the larger markets for tourism in West Africa. Tourism contributes to about one fifth of the GDP, but it suffered in 2014 from tourists' fears of Ebola virus in neighboring West African countries. The Gambia's re-export trade accounts for nearly 80% of goods exports. The estimated 2015 GDP per capita was \$1,700. Unemployment rates remain high, and economic progress largely depends on foreign aid.



HIV/AIDS Statistics

The HIV prevalence in The Gambia's general population is estimated at 1.8%, with approximately 20,000 PLHIV (UNAIDS website, December 2015). The predominant mode of HIV transmission in The Gambia is heterosexual contact.

Military Statistics

According to the OSC, the Gambian Armed Forces (GAF) consists of approximately 8,000 active-duty members. The Gambia expends 0.6% of the GDP on military purposes. A seroprevalence and behavioral survey was conducted in FY12. This study has led to recommendations for program modifications in the areas of increased positive perception of condom use, stigma reduction, and support

for couples counseling. Most importantly, this study led to the adoption of finger-prick HIV testing for the military.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff have been working with the GAF to continue expanding its prevention and testing program. Oversight from the DHAPP program manager in Senegal, located in the OSC in Dakar, and a close working relationship with the US Embassy in Banjul, allow for the continued efforts of this program.

OUTCOMES & IMPACT

Prevention and Health System Strengthening

In FY15, a total of 2,153 troops and their family members were reached with comprehensive prevention messages. This number is the population covered with the military's HIV/AIDS Prevention Program's sensitizations. The prevention program provides sensitization sessions that are interactive classroom sessions between the resource persons and the participants.

Currently, the GAF has 2 facilities, Fajara Clinic and the Yundum Barracks, that have the capacity to provide HTC services. The facilities provided HTC services and results to 2,556 persons. The military component is composed of all those who were selected for overseas missions, recruits, military present at HIV prevention activities, couples testing, and those who came for routine clinic visits. Following the surveillance study, the GAF adopted the finger-prick rapid testing algorithm for HIV.

Proposed Future Activities

In FY16, the GAF plans to continue prevention efforts for military personnel and their families, and to increase more-targeted HTS activities based on risk data and HIV-positive profiles of existing clients.

The GAF, in collaboration with the Senegalese Armed Forces, has been developing its own care and treatment services along with PMTCT. Its sites have the material and the accreditation from the National AIDS Secretariat to begin treatment services in FY16.



Ghana



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BACKGROUND

Country Statistics

The estimated population of Ghana is 26.3 million people, with an average life expectancy of 66 years. English is the official language of Ghana, which has an estimated literacy rate of 77%, unevenly distributed between men and women. Ghana is well-endowed with natural resources, and agriculture, which employs over half of the workforce and accounts for roughly one quarter of the GDP. The services sector contributes approximately 50% to the total GDP. Oil production began in late 2010 and is expected to foster economic growth. Gold and cocoa production are major sources of foreign exchange. The estimated 2015 GDP per capita was \$4,300. Sound macroeconomic management and high prices for oil, gold, and cocoa helped sustain GDP growth in 2008–13. Expansion of Ghana's nascent oil industry has boosted economic growth, but the recent oil price crash has reduced by half Ghana's 2015 anticipated oil revenue.

The largest single economic issue facing Ghana is the lack of reliable electricity. In April 2015, Ghana signed a \$920 million Extended Credit Facility agreement with the IMF to help alleviate its growing economic crisis.



HIV/AIDS Statistics

The estimated HIV prevalence in the general population of Ghana is 1.5%, and there are approximately 250,000 PLHIV (UNAIDS website, December 2015). Identified risk factors include heterosexual contact with multiple partners, and sexual contact with sex workers.

Military Statistics

The Ghana Armed Forces (GAF) is composed of approximately 15,500 members, with an additional 10,000 supporting civilian employees. The troops are highly mobile and are currently engaged in several PKOs. According to *The Military Balance* 2015 annual assessment, Ghana expends 0.78% of the GDP on the military.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The Ghana Armed Forces AIDS Control Programme and the GAF Public Health Division implement the HIV/AIDS program. DHAPP staff, with support from the OSC in Accra, provide TA and support to the GAF's HIV program. Additionally, a program manager was hired and reports to the OSC. In FY14, Jhpiego became an implementing partner for activities with the GAF.

Foreign Military Financing Assistance

Ghana was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2005, 2007, and 2008. Related authorizations were released for execution in 2005, 2007, and 2010 (×2), respectively. The 2003 funding was fully employed for a cytometer, viral load analyzer, hematology analyzer, refrigerator, centrifuge, and supporting diagnostic supplies and reagents. The 2005 funding was fully employed for a biological safety cabinet, chemistry analyzers, centrifuge, hematology analyzer, and supporting equipment, supplies, and reagents. In 2012, some of the 2007–08 funding was employed for a GeneXpert IV instrument, and plans for the balance remain in development.

OUTCOMES & IMPACT

Prevention, Care, and Health System Strengthening

In FY15, Jhpiego collaborated with the GAF to integrate the PHPD package into standard care services for HIV/AIDS clients. Four (4) GAF and 2 Jhpiego facilitators conducted a 10-day training session for 28 participants. Participants were drawn from all 7 garrisons and included general nurses, public health nurses, midwives, community health nurses, environmental health officers, and other cadres. Following this training, PHDP support groups were initiated at 37 Military Hospital.

Jhpiego also supported the GAF in efforts to reduce stigma and discrimination against PLHIV through refresher trainings for 21 GAF HTC counselors and 23 peer educators.

In FY15, a total of 3,175 individuals were reached with a standardized HIV prevention intervention.

Currently, 37 Military Hospital is the only military facility that has the capacity

to carry out comprehensive clinical laboratory tests. Some of the Medical Reception Stations have small labs that provide limited tests. Jhpiego has supported the 37 Military Hospital laboratory to make concrete improvements along the path to accreditation through the implementation of SLMTA.

In FY15, planning was initiated for the implementation of a SABERS in FY16.

Proposed Future Activities

In FY16, DHAPP will support the GAF to execute and complete the SABERS. Findings from the survey will not only provide prevalence data for the current status of HIV within the GAF but will also provide key insights from the collected behavioral information to inform future programming. Implementation of the PHDP program at 37 Military Hospital will also be prioritized along with limited support to assist the laboratory in reaching readiness for accreditation.



Guinea



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BACKGROUND

Country Statistics

The estimated population of Guinea is 11.8 million people, with an average life expectancy of 60 years. French is the official language of Guinea, which has an estimated literacy rate of 30%, unevenly distributed between men and women. Guinea possesses major mineral, hydropower, and agricultural resources, yet remains an underdeveloped nation. The country has almost half of the world's bauxite reserves, as well as significant reserves of iron ore, gold, and diamonds. However, the country has been unable to profit from these resources. Subsequent to a military coup in 2008, international donors curtailed their development programs. However, the IMF approved a new 3-year Extended Credit Facility arrangement in 2012, following the December 2010 presidential elections. In September 2012, Guinea achieved Heavily Indebted Poor



Countries completion point status. Future access to international assistance and investment will depend on the government's ability to be transparent, combat corruption, reform its banking system, improve its business environment, and build infrastructure. In April 2013, the government amended its mining code to reduce taxes and royalties. In 2014, Guinea also complied with requirements of the Extractive Industries Transparency Initiative by publishing its mining contracts and was found to be compliant. However, in 2014 as the Ebola virus began to spread, the economy declined and many businesses departed, taking capital and expertise with them. The epidemic forced the government to divert scarce resources to combat the spread of the virus, reducing available funds for public investment. The cost of addressing the Ebola epidemic will weigh heavily on public finances at the same time decreased economic activity reduces government revenue, although higher donor support will partly offset this loss. The estimated 2015 GDP per capita was \$1,300.

HIV/AIDS Statistics

The estimated HIV prevalence in the general population of Guinea is 1.6%, with approximately 120,000 PLHIV (UNAIDS website, December 2015). Most cases of HIV in Guinea are spread through multi-partner heterosexual sex. In sub-Saharan Africa as a whole, women account for approximately 60% of estimated HIV infections. In Guinea, widowed women are nearly 7 times more likely to be living with HIV than single women, while divorced or separated women are more than 3 times as likely to be infected as their single counterparts.

Military Statistics

The Guinean Armed Forces (GAF) is estimated at 9,700 members. According to *The Military Balance* 2015 annual assessment, Guinea allocates 0.6% of the GDP for military expenditures. A nationwide HIV prevalence study done in 2001 indicated an HIV prevalence in the military of 3.4%. No further studies have been conducted within the GAF.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP and the US DAO in Conakry re-engaged discussions with the GAF in March 2014. Given the outbreak of Ebola virus shortly thereafter, DHAPP assistance has been limited to procurements designed to support Ebola efforts as well as HIV care and treatment programming.

Foreign Military Financing Assistance

Guinea was awarded Foreign Military Financing (FMF) funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2005 and augmented in 2006 and 2007. Related authorizations were released for execution in 2008 and 2009, respectively.

OUTCOMES & IMPACT

The DHAPP desk officer met with the US DAO and military representatives to identify priorities for 2014 funds. The military requested assistance procuring condoms, HIV test kits, buffer, and a wide variety of medications to treat OIs and STIs. An assessment of laboratory needs was conducted in March 2014, but the subsequent outbreak of the Ebola virus has hindered additional work toward procurement of the needed equipment. A shipment of vital medications was turned over to the military in January 2015. Procurements in FY15 included a CD4 counter, hematology analyzer, and associated reagents.

Proposed Future Activities

Future activities may include participation in MIHTP by a GAF member, procurement of equipment through existing FMF funding, and additional HIV prevention, care, and treatment commodities. An assessment of needed laboratory equipment is planned for early FY16.

Liberia

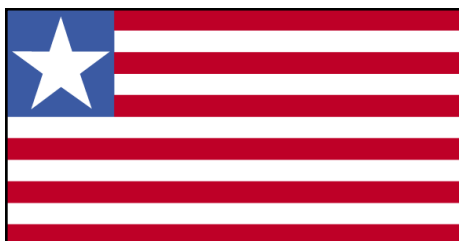


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BACKGROUND

Country Statistics

The estimated population of Liberia is 4.2 million people, with an average life expectancy of 59 years. English is the official language, and the literacy rate is estimated at 47.6%, unevenly distributed between men and women. The estimated 2015 GDP per capita was \$900. Civil war and governmental mismanagement destroyed much of Liberia's economy in the 1990s and early 2000s, especially the infrastructure in and around Monrovia. Many businesses fled the country, taking capital and expertise with them, but with the end of fighting and the installation of a democratically elected government in 2006, some began to return. The new administration has taken steps to reduce corruption, increase international donors, and encourage private investment. Embargos on timber and diamond exports have also been lifted. However, in 2014, the Ebola virus began to spread through the country, causing the economy



to decline again, with many businesses departing the country and taking capital and expertise with them. The Ebola epidemic forced the government to divert many of its resources to combat the spread of the disease. Revitalizing the economy in the future will depend on increasing investment and trade, higher global commodity prices, sustained foreign aid and remittances, development of infrastructure and institutions, and maintaining political stability and security.

HIV/AIDS Statistics

The current HIV prevalence in Liberia's general population is 1.2% among adults 15–49 years of age. Liberia has approximately 33,000 PLHIV (UNAIDS website, December 2015).

Military Statistics

The size of the Armed Forces of Liberia (AFL) has drastically decreased from 14,000 to approximately 2,050 troops in recent years. With assistance from DoD, the new troops are well trained and well equipped. According to *The Military Balance* 2015 annual assessment, Liberia expends 1.1% of the GDP on its military. Approximately 500 new troops were recruited in FY15.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The AFL and staff from the OSC at the US Embassy collaborate on the HIV prevention program. An in-country program manager oversees the activities. Since 2009, the Community Empowerment Program (CEP) of Liberia has been assisting the AFL in its fight against HIV.

Foreign Military Financing Assistance

Liberia was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies. This award was initiated in 2006 and augmented in 2007, 2008, and 2009. Related authorizations were released for execution in 2008 (×2), 2009, and 2010, respectively. The 2006–07 funding has been employed to date for an incinerator, autoclave, and washer/dryer. Procurement of a centrifuge, biochemistry analyzer, microscope, refrigerator, CBC counter, rapid test kits, and supporting supplies/accessories is on hold pending a clinic expansion. Employment of the 2008–09 funding is similarly on hold.

OUTCOMES & IMPACT

Prevention

In FY15, prevention efforts continued in the AFL and in nearby communities surrounding the bases. A total of 5,896 individuals were provided with individual and/or small, group-level prevention interventions.

Military personnel were trained in HIV/AIDS prevention, with a focus on behavioral change. They were provided information on basic facts, modes of transmission, distinguishing myths/facts, and common socioeconomic factors associated with the spread of the disease. A total of 78 pregnant women know their HIV status and of these, 9 HIV-positive pregnant women received ARVs to reduce the risk of mother-to-child transmission.

PHDP interventions were provided to 290 PLHIV in the AFL. These individuals were provided with care packages and members were encouraged to participate in support groups with the assistance of nurses and lay counselors.

Six (6) AFL soldiers were trained as HTC master trainers and 19 as HTC counselors who can refer clients to appropriate care facilities. The AFL has 4 HTC centers, and during FY15, 1,481 troops, family members, and civilians were counseled, tested, and received their results. CEP assisted the AFL with HTC support. During the peak of the Ebola outbreak in 2014, follow-up of counseling

efforts was difficult, however, normal testing services have resumed.

DHAPP also supported the AFL's Ebola prevention response by sponsoring Ebola awareness training campaigns that reached approximately 4,000 soldiers and dependents at 5 bases and 6,000 community dwellers in proximity to these 5 bases. Procured items were distributed during training sessions and included prevention posters, hand-washing buckets, bleach, detergent, latex gloves, face masks, hand sanitizers, and infrared thermometers. Infection prevention and control training was provided to 53 clinical staff including combat medics, while triage units were established in 5 bases to avert the spread Ebola.

This program also supported 15 AFL soldiers who were trained locally in various preservice health institutions as Registered Nurses, midwives, physician assistants, and pharmacy technicians. These students received a certification or a bachelor's level degree. One (1) postgraduate degree in public health was awarded. This DHAPP-funded program for AFL mid-level health workers has greatly strengthened the provision of health services on the various bases and in surrounding communities.

Care

There were 27 PLHIV who received a minimum of 1 clinical service. Care kits were provided by the AFL program during home-based care visits for HIV-positive individuals. There were also 270 eligible clients who received food and/or other nutrition services. These donations were greatly appreciated and it allowed recipients to allocate their funds toward other health-related problems. The Ebola situation has made visitations and distribution challenging. Nonetheless, quarantined soldiers and their families continued to receive nutritional supplements and basic medications.

In preparation for the reopening of schools, the OVC support program provided backpacks filled with school materials to 40 OVCs who had one parent infected with either HIV or Ebola. OVCs with parents who had both died were prioritized.



Other

Psychosocial support was provided for 4 PWID to access effective prevention, treatment, and care services and to enhance drug adherence, thus reducing high-risk behaviors, including the spread of HIV.

Also in FY15, family planning training was provided to 422 AFL dependents and spouses. Clinical staff were also trained to address reproductive health issues and to provide family planning commodities effectively.

Proposed Future Activities

CEP will continue to act as an implementing partner, assisting the AFL's program through nurse visitations and care for HIV patients. It also will provide the AFL with prevention education, and support for the military's HTS program. The AFL program plans to include OVCs on a slightly larger scale, and improve its family planning outreach by working with a youth facility. The program will address GBV challenges by conducting training workshops to increase awareness and prevention skills. In addition, the AFL, OSC, and DHAPP will continue to plan for the collection of HIV prevalence data in 2016, which was delayed due to the Ebola virus outbreak. A site visit will be arranged in the near future.

Niger



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BACKGROUND

Country Statistics

The estimated population of Niger is 18 million people, with an average life expectancy of 55 years. French is the official language, and the literacy rate is estimated at 19%, unevenly distributed between men and women. In 2014, the UN ranked Niger as the least developed country in the world. Niger's economy centers on subsistence agriculture, livestock, and some of the world's largest uranium deposits, although a large portion of the country's budget is derived from foreign donors. Almost 40% of the GDP is dependent on agriculture, which provides livelihood for most of the population. Economic growth is supported through the country's mineral resources, including gold, coal, and oil. Niger has sizable oil reserves. The country faces challenges such as food security, lack of industry, a weak educational sector, high population growth, and few prospects for work. The \$131 million IMF Extended Credit Facility agreement was extended until the end of 2016. The estimated 2015 GDP per capita was \$1,100.



HIV/AIDS Statistics

The current HIV prevalence in Niger's general population is 0.5%, with approximately 52,000 Nigerien PLHIV (UNAIDS website, December 2015).

Military Statistics

According to *The Military Balance 2015* annual assessment, Niger allocates

0.97% of the GDP for military purposes. The Forces Armées Nigériennes (FAN) and Gendarmerie are estimated at approximately 27,000 active-duty members. The prevalence of HIV within the FAN is unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff have been collaborating with the OSC at the US Embassy in Niamey and the FAN on an HIV/AIDS program. The implementing partner for FY16 will be PSI.

OUTCOMES & IMPACT

In FY15, a total of 1,008 individuals received HTC services and their results, including 415 pregnant women, 5 of whom were placed on ART to reduce risk of mother-to-child transmission. Four hundred eight (408) people received a minimum of 1 clinical service. One (1) clinician received MIHTP training in San Diego and 3 medical officers were trained on PHDP in Kigali, Rwanda.

Proposed Future Activities

US Embassy staff in Niamey, along with a new partner, will continue work with the FAN to provide HIV prevention services, with a focus on institutionalization of the recruitment phase training. PSI has been selected as the new implementing partner to continue work with the FAN on its HIV/AIDS program to increase the number of persons on care and treatment, with a focus on older men in the military.



Nigeria



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BACKGROUND

Country Statistics

Nigeria has an estimated population of 181.5 million people, with an average life expectancy of 53 years. English is the official language. Nigeria has an estimated literacy rate of 60%, unevenly distributed between men and women. A peaceful transition to civilian government took place in 1999, following the adoption of a new constitution. Following a statistical “rebasings” exercise in 2014, Nigeria emerged as Africa’s largest economy, with the 2015 GDP estimated at US\$1.1 trillion. Although rich in oil, Nigeria has been plagued by lack of infrastructure, inadequate power supply, and insecurity, among other factors. With the election of a new president in 2015, there are plans to increase transparency, diversify the economy, and improve financial management. GDP growth dropped to about 3% in 2015 due to lower oil prices. The estimated 2015 GDP per capita was \$6,400.

HIV/AIDS Statistics

Nigeria has an HIV prevalence of 3.2% among adults 15–49 years of age, with an estimated 3.4 million PLHIV (UNAIDS website, December 2015). Identified risk factors include STIs, heterosexual contact with multiple concurrent partners, mother-to-child transmission, and blood transfusions. The group with the most significant estimated HIV prevalence of 27.4% is brothel-based female sex workers (FSWs), followed by non-brothel-based FSWs at 21.7% (UNGASS Country Progress Report: Nigeria 2013). Sociodemographic differences in the HIV prevalence are also observable, with women, youths, and those with little formal education most affected by the epidemic; gender inequality is also an important driver for the epidemic (UNGASS Country Progress Report: Nigeria 2014).



Military Statistics

Nigeria has approximately 80,000 active-duty military personnel. The Nigerian Ministry of Defence (NMOD) has 4 components: Army, Navy, Air Force, and civilian NMOD employees. According to *The Military Balance* 2015 annual assessment, the government allocates approximately 0.4% of the GDP for military expenses. The NMOD medical facilities serve active-duty personnel, their families, retired members, and civilians in the surrounding communities. There are 32 secondary-level medical facilities serving the NMOD (14 Army, 9 Air Force, 5 Navy, and 4 tri-service facilities). There are also 7 tertiary-level medical facilities (3 Army, 2 Air Force, 1 Navy, 1 tri-service). These apex health facilities serve as referral centers for complicated medical cases, however, each also provides services for PLHIV. In addition, primary-level medical centers provide HTC and PMTCT services and make referrals to secondary and tertiary hospitals, as appropriate.

The total catchment population is estimated at 4.1 million individuals (military and civilian; NMOD, unpublished data). HIV-1 screening is only mandatory upon application to the uniformed services, PKO deployment/redeployment, and for those individuals on flight status. HIV prevalence figures or estimates for the military have not been published. Nigerian military personnel have been involved in several national and international PKOs.

PROGRAM RESPONSE

In-Country Ongoing Assistance

MHRP, based at WRAIR, maintains a fully serviced agency based at the US Embassy in Abuja. This office is known as the Walter Reed Program–Nigeria (WRP-N) and is staffed by civilian USG employees, locally employed staff, and contract employees. The program and personnel are divided into PEPFAR, President’s Malaria Initiative (PMI), and research sections. The office executes both program implementation of PEPFAR, PMI, and research, as well as PEPFAR agency management activities. Agency activities include active participation in USG Technical Working Groups (TWGs), development of the USG strategic vision, and COP planning and development.

In addition to the USG country-level management activities, PEPFAR implementation activities are conducted in partnership with the NMOD, from whom counterpart funding has been leveraged annually since 2005. This NMOD–WRP-N partnership is dedicated to expanding prevention, care, and treatment services in military and surrounding civilian communities. The NMOD–WRP-N PEPFAR program is governed by a steering committee, co-chaired by the Nigerian Minister of State for Defence, and the US Ambassador to Nigeria, and includes representatives from the Nigerian Army Service Chiefs, Nigerian Federal Ministry of Health, and the National Agency for the Control of AIDS.

The program’s full collaboration with NMOD provides a strong foundation for creating and implementing activities that are aimed at improving infrastructure, increasing capacity, and ensuring the absorption of the program into the normal health care delivery system. These objectives are critical for sustainability, and

a model for host-nation ownership of the program. The fact that the WRP-N both implements and participates at the USG TWG level also helps shape policies, formulations, and decisions on HIV programming in the country is reflective of NMOD and Nigerian national needs. Importantly, the partnership provides a platform to conduct vaccine research, as mandated by WRAIR.

The WRP-N is supported by US-based MHRP staff with technical and administrative support and oversight; DHAPP, through contracting, financial, and technical collaboration from San Diego and Naples; and MHRP through overseas technical support from Kenya, Uganda, and Thailand.

Prevention

In FY15, the NMOD–WRP-N continued prevention programming at military sites. Through their efforts, 31,915 individuals were targeted with individual and/or small, group-level preventive interventions. The program exceeded its targets for the reporting period.

A total of 102,886 clients received HTC and their results through health facilities, mobile outreaches, enlistment, and Peace Support Operations deployment exercises. The program exceeded its targets for HTC services. This was made possible by the scale-up of quality HTC services integration into military applicant medical screening activities, and increased PITC services to couples, TB clients, pregnant women, and pediatric patients across the military treatment facilities. The increased transition and task-shifting of counselor/tester responsibilities to lay persons increased the number of people who could be counseled and tested on the same day.

During FY15, the NMOD–WRP-N continued PMTCT activities at all military facilities supported by the program. A total of 15,654 pregnant women knew their HIV status during this reporting period. In addition, 1,354 HIV-positive pregnant women were identified and 879 of them received ARVs to reduce risk of mother-to-child transmission. Also, 1,217 infants were born to HIV-positive women and had a virologic HIV test done within 12 months of birth. The program's achievements were made possible through 44 PMTCT sites located across 22 states in the country. To increase access to HTC for all pregnant women and issuance of same-day results, midwives conducted HIV testing, with laboratory staff providing quality assurance.

Care

The NMOD–WRP-N supports 24 military facilities that provide HIV/AIDS services to the NMOD, serving personnel, their dependents, and civilians living near the facilities. During FY15, 34,487 eligible adults and children were provided with care services from the NMOD–WRP-N. All PLHIV are provided with malaria prevention messages, water sanitation through collaboration with the Government of Nigeria and PMI, and PHDP. TB screening was strengthened for all PLHIV, and those diagnosed positive were placed on TB treatment. Three hundred sixty (360) PLHIV diagnosed with TB initiated treatment for TB. The diagnosis of major OIs and STIs has been strengthened at all supported sites to improve the quality of clinical care being provided to PLHIV. Continuous quality improvement activities at the sites as well as telephone tracking of clients missing

clinic appointments and text message reminders have helped improve retention in care. On average, over 80% of those who receive care at the military treatment facilities are civilians who live within the environs of the hospital.

Continuity of care is the goal of the care and support program, and priority areas include PHDP, nutrition, cotrimoxazole prophylaxis, palliative care, linkage and retention in care, malaria prevention, and safe water and hygiene.

Treatment

Of the 24 military treatment sites that provide ART for the NMOD, 3,350 adults and children with advanced HIV infection were newly enrolled on ART. By the end of the reporting period, 26,611 adults and children with advanced HIV infection were on ART. Training, adherence counseling, use of treatment supporters, and a contact tracking system were used to improve retention of clients on treatment.

Laboratory Support

In partnership with the NMOD Health Implementation Program, PEPFAR established and equipped the Defense Reference Laboratory (DRL) at the Defence Headquarters Medical Center on the Mogadishu Cantonment, Abuja. The purpose of the laboratory is to provide support to lower level treatment facilities by providing reliable referral level test results and to conduct credible clinical research. Two laboratories, DRL and 68 NARH, Yaba Lagos, provide viral load monitoring to PLHIV and early infant diagnosis services to HIV-exposed babies. All treatment labs at individual lower level medical facilities were provided with equipment and reagents to diagnose and monitor HIV patients. Several labs are enrolled to obtain international lab accreditation. In the WHO-Africa Region's scheme SLMTA, 445 Nigerian Air Force Hospital, Ikeja, has been rated and recognized as 5-star laboratory.



Proposed Future Activities

In the next year, the program will continue to build upon activities previously highlighted, focusing intently on continuous quality improvement initiatives and use of the Site Improvement Monitoring System tool for quality improvement and interventions that aim toward sustainability. Strengthening the use of electronic Patient Management and Monitoring systems as well as electronic Program Monitoring and Evaluation systems will be a major focus. In FY16, the program will focus on ending the HIV epidemic by targeting the drivers of the epidemic and expanding viral load access to all PLHIV to achieve the UNAIDS 90-90-90 treatment targets. The program will also continue to leverage counterpart funding from the NMOD. In keeping with USG mandates, WRP-N is committed to aligning its priorities with those of the Nigerian Government to strengthen the organizational and technical capacity of the NMOD. All proposed activities were submitted by the US Embassy to the Nigeria Country Support Team and were included in the FY16 COP.

Senegal



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BACKGROUND

Country Statistics

The estimated population of Senegal is 14 million people, with an average life expectancy of 61 years. French is the official language of Senegal, which has an estimated literacy rate of 58%, unevenly distributed between men and women. The economy of Senegal is driven by mining, construction, tourism, fishing, and agriculture. Key export industries are phosphate mining, fertilizer production, agricultural products, and commercial fishing. The country is also working toward oil exploration. Between 2015 and 2017, Senegal will receive technical support from the IMF under a Policy Support Instrument to assist with implementing the Emerging Senegal Plan. Investors have indicated confidence in the country through Senegal's successful Eurobond issuances in recent years. The estimated 2015 GDP per capita was \$2,500.



HIV/AIDS Statistics

The HIV prevalence in Senegal's general population is estimated at 0.5%, with approximately 44,000 PLHIV (UNAIDS website, December 2015). Senegal has a concentrated HIV epidemic. Although the HIV rate in the general public has been consistently low, specific vulnerable populations have much higher prevalence rates, such as sex workers and men who have sex with men.

Military Statistics

According to the OSC, the Senegalese Armed Forces (SAF) consists of approximately 20,000 active-duty members. Senegal expends 1.6% of the GDP on its military. In 2006, the SAF conducted a behavioral and biological surveillance survey. The study found that from a sample of 745 SAF personnel, the HIV infection rate was 0.7%, and that their knowledge of HIV had

improved from 2002 (61% in 2002 to 89% in 2006). There is no mandatory testing, but HTC is provided throughout the military at mobile and static centers.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The SAF HIV/AIDS program is a collaborative effort between the AIDS Program Division of the SAF, MOH, National Committee for the Fight Against AIDS (CNLS), and DHAPP in the OSC at the US Embassy. An in-country program manager at the OSC works with SAF personnel and DHAPP staff to manage the program. The program manager also works with other USG agencies that are PEPFAR members in Senegal. Senegal is a bilateral PEPFAR program and has a Country Support Team.

Foreign Military Financing Assistance

Senegal was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies. This award was initiated in 2003 and augmented in 2004, 2006, 2007, 2008, and 2009. Related authorizations were released for execution in 2004, 2007, 2009, and 2010 (×2), respectively. The 2003 funding was fully employed for a cytometer, immunoassay equipment, hematology analyzer, rapid test kits, and other supporting diagnostic supplies and reagents. The 2004 funding was employed for an immunoassay analyzer, hematology analyzer, refrigerator, minor lab equipment, rapid test kits, and other supporting diagnostic supplies and reagents. In 2013, the balance of 2004, all 2006–08, and 20% of 2009 funding was obligated for agitators, autoclaves, biochemistry spectrometers, a biochemistry analyzer, hematology analyzers, centrifuges, a freezer, a water purifier, ice machine, CD4 analyzer, polymerase chain reaction system, electrophoresis migration system, thermal cycler, laboratory hood, central uninterrupted power supply, and various test kits, reagents, and supplies. In 2015, much of the remaining 2009 funding was employed for laminar hoods, cytometers, spectrophotometers, hematology analyzers, vortex agitators, reagents, supplies, and installation of a generator.

Prevention

Since its inception, the SAF HIV/AIDS program has promoted comprehensive prevention. The STI and HIV/AIDS prevention program used information, education, and communication approaches to reach 13,520 troops. The SAF conducts dynamic sensitizations for soldiers and their families. Sensitizations often include both soldiers and their wives. Several times a year, the SAF organizes AIDS Days for new recruits to ensure that they understand HIV/AIDS and how to protect themselves. The SAF targets vulnerable groups such as new recruits, peacekeepers, and military officers in post-conflict zones.



During the reporting period, 3,062 women received HTC services and PMTCT services at military health facilities. The SAF continues to promote HIV testing of pregnant women at each of its 15 PMTCT sites through PITC. The SAF has rapidly expanded the number of PMTCT sites since 2005. Addressing the health of wives as well as soldiers remains a priority. The PMTCT program offers sensitization for pregnant women and wives to better inform them of their choices and their role in the epidemic, as well as the options available to them. There is now a focus on engaging husbands and encouraging their wives to get tested when pregnant.

Sixteen (16) service outlets provide HTC services for the SAF. A total of 11,778 people (troops, family, and gendarmeries) were counseled and tested and received their test results. The SAF conducts HTC throughout the country, including Tambacounda, Kolda, and Ziguinchor, where HIV prevalence is highest. In addition, the SAF works with the spouses of high-ranking officers to reach out to wives groups and ensure that they are included in HIV activities. Counseling is conducted by either medical physicians or social assistants. Chiefs of the troops in the regions are always the first to be tested, followed by their troops. Many of the troops that were tested will deploy on PKOs to Darfur, the Democratic Republic of the Congo, Guinea-Bissau, Mali, and Côte d'Ivoire.

Care

Care services are provided by the regional chief medical officers in the different military zones serving both troops and family members. There are 18 service outlets for the SAF throughout Senegal. Most patients are monitored at the Hopital Militaire de Ouakam (HMO). During FY15, 1,810 PLHIV received a minimum of 1 clinical service. The SAF has a strong training program to ensure that health personnel can provide quality HIV/AIDS care.

Treatment

The SAF has 5 service outlets that provide ART: HMO in Dakar, 2 regional medical clinics in Ziguinchor and Tambacounda, and sites in Kaolack and Kolda. Sixteen (16) labs have the capacity to perform clinical lab tests, CD4 is available at HMO, Kolda, Kaolack, Tamba, Saint-Louis, and Ziguinchor. ART at the regional level is carried out in close collaboration with the Senegalese Regional Coordinating Committees to fight against AIDS and the decentralized CNLS regional programs. In FY15, 79 PLHIV were newly enrolled on ART, and 600 clients were currently receiving ART.



Proposed Future Activities

Continued comprehensive HIV programming for the SAF was proposed by the Embassy to the PEPFAR Senegal Country Support Team and DHAPP. Some of these activities include continued prevention efforts, drafting HIV policy, lab support, and SAF capacity development in care and treatment.

Sierra Leone

*Reducing the incidence of HIV/AIDS among
uniformed personnel across the globe*



BACKGROUND

Country Statistics

The estimated population of Sierra Leone is 5.9 million people, with an average life expectancy of 58 years. English is the official language of Sierra Leone, which has an estimated literacy rate of 48%, unevenly distributed between men and women. The government has established its authority after the 1991–2002 civil war. Sierra Leone is an extremely poor nation with much inequality in income distribution. Although there are substantial mineral, agricultural, and fishery resources, its physical and social infrastructure is not well developed and still recovering from the civil war. Almost half of the working-age population engages in subsistence agriculture. In recent years, economic growth has been driven by mining, specifically iron ore. Sierra Leone's principal exports are iron ore, diamonds, and rutile, though the economy is extremely vulnerable to fluctuations in international prices. The estimated 2015 GDP per capita was \$1,600, a \$500 decrease from the year prior.

Since 2014, rapid spread of Ebola virus caused a contraction of economic activity in several areas, including transportation, health, and industrial production. Iron ore production dropped because of low global prices and high costs driven by the epidemic. Until 2014, the government had relied on external assistance to support its budget, but it was gradually becoming more independent. The epidemic has disrupted economic activity, deterred private investment, and forced the government to increase expenditures on health care, straining the budget and restricting other public investment projects. A rise in international donor support will partially offset these fiscal constraints. The government's current stated priorities include furthering development, including recovery from the Ebola epidemic, creating jobs, and eradicating endemic corruption.



HIV/AIDS Statistics

The HIV prevalence in Sierra Leone's general population is estimated at 1.4%, with approximately 54,000 PLHIV (UNAIDS website, December 2015).

Prevalence rates are thought to be higher in urban than in rural areas. Identified significant risk factors include high-risk heterosexual contact and contact with sex workers.

Military Statistics

According to *The Military Balance* 2015 annual assessment, the Republic of Sierra Leone Armed Forces (RSLAF) consists of approximately 10,500 active-duty members. Sierra Leone expends 0.28% of the GDP on military purposes. The RSLAF undertook a seroprevalence and behavioral study of its troops in 2007. The findings from the study revealed a prevalence rate of 3.3%, twice that of the general population. Another study conducted through DHAPP in 2013 found virtually identical results (3.3%).

PROGRAM RESPONSE

In-Country Ongoing Assistance

The RSLAF HIV/AIDS Prevention Program began in spring 2002. It is a collaborative effort between DHAPP, the DAO at the US Embassy, and the RSLAF. The relationship has fostered many advances in this program. The program is supported by a program manager and assistant program manager who implement the program through the US Embassy.

Foreign Military Financing Assistance

Sierra Leone was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies. This award was initiated in 2003 and augmented in 2004, 2006, 2007, 2009, and 2010. Related authorizations were released for execution in 2005, 2007, 2008, 2009, and 2010, respectively. The 2003 funding was fully employed for HIV test kits, hepatitis B rapid test kits, generators, and a dry hematology analyzer. The 2004 funding has been fully employed for HIV test kits, a microplate reader and washer, cytometers, generators, and other supporting diagnostic supplies and reagents. The 2006–09 funding has been employed for Infectious Diseases Institute laboratory testing/procedure training, blood bank refrigerators, a hematology analyzer, a biochemistry analyzer, refrigerators, microscopes, colorimeters, an electrophoresis machine, spectrophotometers, hematocrit machines, multiple types of test kits/strips, and reagents. The 2010 funding has been fully employed for GeneXpert and ELISA machines, refrigerators, reagents, and supplies.

OUTCOMES & IMPACT

Prevention and Health System Strengthening

In FY15, 12,520 troops and family members were reached with comprehensive prevention messages. Training and the provision of motorbikes to HIV education teams in each of the RSLAF's 26 units enabled the teams to reach

significantly more people with prevention messages than in previous years. The RSLAF supported 20 condom service outlets. Testing modalities, including mobile and PLHIV advocacy, led to 3,414 troops being provided HIV testing and receiving their results. PMTCT services were provided to 599 pregnant women and 3 of them received ARVs.

The 34 Military Hospital Laboratory in Freetown was renovated, extended, and supplied with modern equipment in FY10. A second lab and health unit was renovated and supplied in Bo with the capacity to perform all clinical lab testing. This renovation was completed in FY14. These 2 labs meet national and international standards.

Care and Treatment

In FY15, 408 PLHIV received a minimum of 1 care service and 396 of them received cotrimoxazole prophylaxis. Additionally, 81 HIV-positive clinically malnourished clients received therapeutic or supplementary food, and 100% of HIV-positive patients were screened for TB. Two (2) service outlets provide ART for RSLAF members, family, and civilians in the area. During the year, 179 individuals were newly enrolled on ART, and at the end of the reporting period, 396 individuals were currently receiving ART.

Proposed Future Activities

Future planned activities include implementing a PHDP program, continuing to expand HTS, distribution of military-branded camouflage condoms, and rollout of a new prevention education flip chart. Activities to support the Test and Start model, based on WHO treatment guidelines to initiate ART in all PLHIV at any CD4 cell count, are also planned.



Togo



*Reducing the incidence of HIV/AIDS among
uniformed personnel across the globe*

BACKGROUND

Country Statistics

The estimated population of Togo is 7.6 million people, with an average life expectancy of 65 years. French is the official language, with other major African languages spoken in the north and south. The literacy rate is estimated at 67% and is unevenly distributed between men and women. The economy of Togo is heavily dependent on both commercial and subsistence agriculture, which provide employment for much of the labor force for this small, sub-Saharan country. Export earnings of an estimated 40% are made up of cocoa, coffee, and cotton; cotton is the most important cash crop. Togo continues to be a top producer of phosphate and seeks to develop its carbonate phosphate reserves. In 2015, economic growth remained steady at 5.4%, primarily due to foreign aid, infrastructure investment in the port and mineral sectors, and improvements in the business environment. Direct foreign investment has slowed in recent years. The estimated 2015 GDP per capita was \$1,500. Togo is currently working with the IMF on structural reforms. Continued progress depends on continued support from foreign donors, follow through with privatization, increased transparency of government operations, and progress toward legislative elections.



HIV/AIDS Statistics

The current HIV prevalence in Togo's general population is 2.4%, with approximately 110,000 Togolese PLHIV (UNAIDS website, December 2015). The primary identified risk factor is heterosexual sex with multiple partners. According to the UNAIDS Global Report 2013, HIV incidence in adults decreased by more than 50% between 2001 and 2012 in Togo.

Military Statistics

According to *The Military Balance 2015* annual assessment, the Togolese Armed Forces, or Forces Armées Togolaise (FAT), is composed of approximately 8,550 personnel. The government expends 1.8% of the GDP on the military. A recent seroprevalence study in the FAT, supported by DHAPP, indicated a prevalence of 3.8%, which is higher than in the general population.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff collaborate with US Embassy staff from the Political/Economic Office and Public Affairs Section in Lomé, the OSC in Ghana, and the FAT on its HIV/AIDS program. Additionally, a DHAPP program manager based at the Embassy in Lomé has been managing program activities since 2011. An implementing partner, Association des Militaires, Anciens Combattants, Amis et Corps Habillés (AMACACH), is assisting the FAT with its programming. In 2015, DHAPP also began working with implementing partner Global Scientific Solutions for Health (GSSHealth), a US-based organization, to improve the capacity of military laboratories.



Foreign Military Financing Assistance

Togo was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2004 and 2006. Related authorizations were released for execution in 2004 and 2009 (×2), respectively. The 2003 funding was fully employed for a hematology analyzer, microscope, refrigerator, supplies, and rapid test kits. The 2004–06 funding has been employed to date for chemistry analyzers, Olympus microscopes, generators, autoclaves, distillers, a cytometer, and hematology analyzer. In 2013, remaining balances were obligated for a blood coagulation analyzer, ELISA chain and electrophoresis diagnostic equipment, and hematology analyzer.

OUTCOMES & IMPACT

Prevention and Health System Strengthening

Senior leadership of the FAT is encouraging its members and their families to get tested for HIV and to allow AMACACH to assist them with HTC services. In FY15, 13,951 individuals were counseled and tested and received their results. A total of 3,057 pregnant women received HTC services and 190 of them were provided with ARVs to reduce risk of mother-to-child transmission. An increasing number of pregnant women are going to the hospital for pregnancy consultations. Most are attending the PMTCT sites and prefer to deliver at the hospital. This appears to be a result of the awareness trainings performed at the military bases where PMTCT services are discussed.

A SABERS was completed in FY15, and the recently released results show a military HIV prevalence of 3.8%. This prevalence is higher than in the general population, but it is a 3.9% decline among the military population over the last 4 years since the last FAT survey in 2011. Findings from the SABERS will be used to guide program implementation in FY16.



In FY15, following an in-depth assessment conducted by GSSHealth, laboratory funds were used to purchase roller mixers, a water bath, an incubator, refrigerators, surge protectors, a pipette calibration kit, calibration weights, computers, printers, a projection screen flip chart, a filing cabinet, a micropipette starter kit, digital timers, mechanical timers, refrigerator and freezer thermometers, and ambient temperature recording thermometers.

Care and Treatment

Sixteen (16) military health centers and 7 maternity clinics offered care services and provided a minimum of 1 care service to 1,658 individuals. In FY15, 1,269 HIV-positive individuals received cotrimoxazole prophylaxis. There were 1,362 individuals with advanced HIV infection who were currently receiving ART during the reporting period. A total of 1,658 military and family members living with HIV were reached with a minimum package of PHDP interventions. In FY15, 23 testing facilities had HIV and STI diagnostic testing capability. The main facilities with the capacity to perform all laboratory tests including CD4 count are located in Kara and Lomé.



In FY15, AMACACH personnel also participated in a DHAPP-led PHDP training program in Kigali, Rwanda. This training helped them strengthen their prevention package and build a more robust documentation strategy and tracking system to follow up with patients as they deploy on PKOs.

Proposed Future Activities

US Embassy staff in Togo and Ghana, along with AMACACH, will work with the FAT to strengthen its HIV program based on lessons learned from the SABERS. Activities will include increased prevention efforts, especially among senior military personnel, HTS, lab support, stigma and discrimination reduction efforts, and site monitoring and evaluation to inform program progress.

GSSHealth will continue its laboratory improvement program, develop and provide a training on an internal quality control (IQC) program for CD4 count and other relevant testing, support at least 1 cycle of IQC, support competency assessment, support the collection of quality assurance data, and provide training on supply chain management.

The FAT medical command will be involved in all programs to facilitate ownership and progressive transition of activities to the military over time.

US EUROPEAN COMMAND

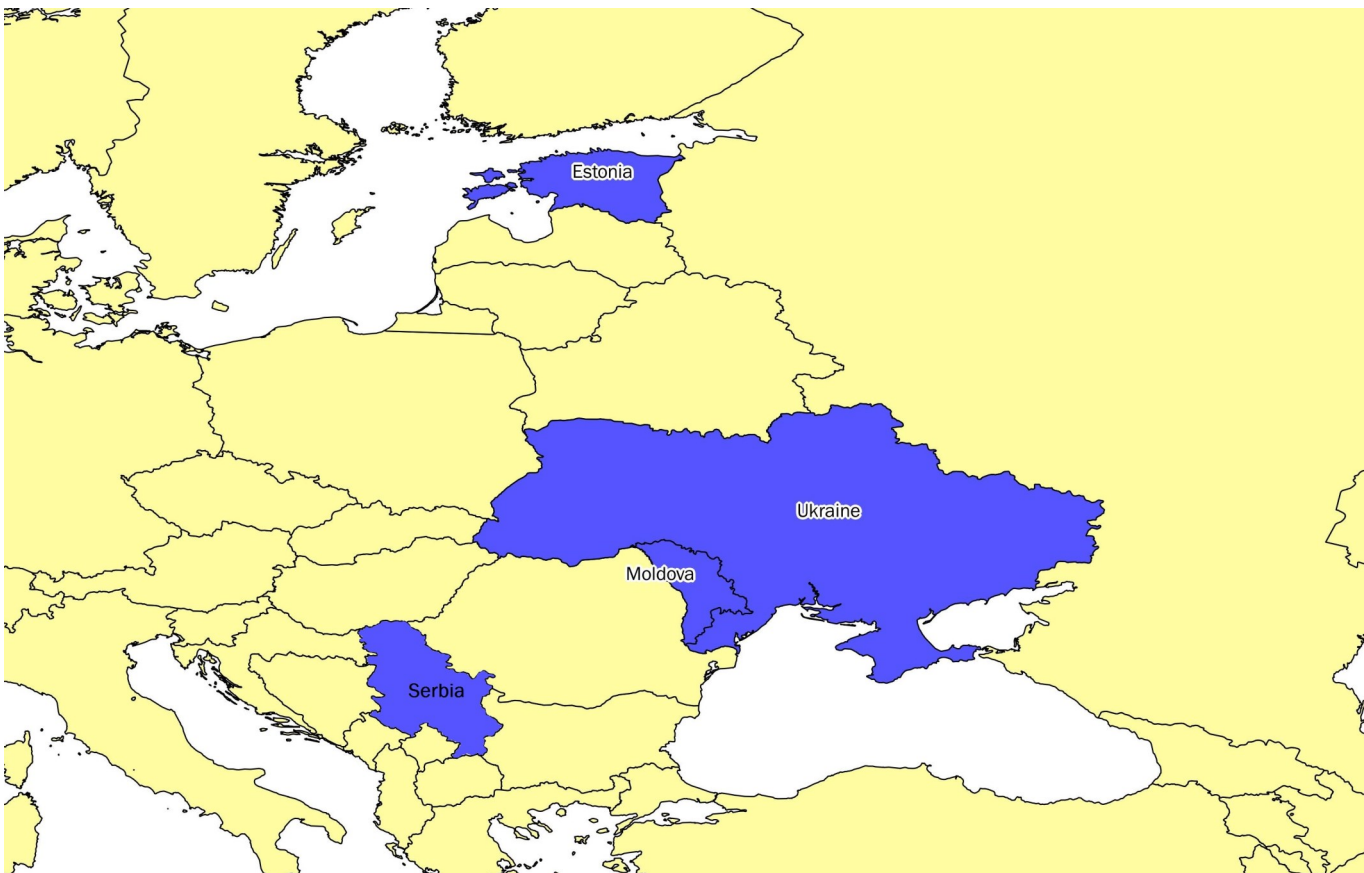
Winning battles in the war against HIV/AIDS



The USEUCOM mission is to conduct military operations, international military partnering, and interagency partnering to enhance transatlantic security and defend the United States forward. USEUCOM does this by establishing an agile security organization able to conduct full-spectrum activities as part of whole-of-government solutions to secure enduring stability in Europe and Eurasia. The USEUCOM vision is to eliminate HIV/AIDS as a threat to regional stability through partnerships and interagency collaboration. HIV/AIDS prevention is one of USEUCOM's health security cooperation tools used in support of the USEUCOM Strategy of Active Security.



Active Country Programs Within US European Command's Area of Responsibility



Estonia



*Reducing the incidence of HIV/AIDS among
uniformed personnel across the globe*

BACKGROUND

Country Statistics

Estonia is situated in the Baltic region in northern Europe. It is bordered to the north by the Gulf of Finland, to the west by the Baltic Sea, to the south by Latvia, and to the east by the Russian Federation. The population of Estonia is 1.3 million people, with an average life expectancy of 76 years. Estonian is the official language, and the literacy rate is estimated at 99.8%, evenly distributed between men and women. Estonia, which joined the European Union in 1994, has a modern, market-based economy with one of the higher per capita income levels in the region. The economy fell into a recession in 2008, but has recovered in following years. GDP growth fell below 2% in 2014 due to weak EU and Russian growth. Shortage of both skilled and unskilled labor continues to be a challenge in Estonia, and the government amended its immigration law to permit hiring of foreign workers. The GDP per capita in 2015 was \$28,700.

HIV/AIDS Statistics

The HIV prevalence in Estonia's general population is 1.3%, with approximately 8,600 PLHIV (*The World FactBook*, April 2016). More than two thirds of all HIV cases have been diagnosed among men (HIV Narrative Report for GARPR 2014: HIV in Estonia). Estonia has a concentrated epidemic particularly affecting PWID. HIV prevalence among this group is estimated at nearly 60% (UNAIDS Gap Report 2014).



Military Statistics

The Estonian Defense Forces (EDF) is estimated to have approximately 5,700 members. Military service in Estonia is compulsory for men beginning at age 18, with a service requirement of 8–11 months. Women began conscripted service in 2012. According to *The Military Balance* 2015 annual assessment,

Estonia allocates 2% of the GDP for military expenditures. The HIV prevalence in the military is unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members have continued collaborative efforts with the EDF and MOD officials and the US ODC to establish a comprehensive HIV/AIDS prevention program for military members. The implementing partner for the EDF in FY15 was Julia Vinckler Consulting NGO, a local partner.



OUTCOMES & IMPACT

Prevention and Other

An evidence-based and interactive method of delivery for the HIV/STI prevention trainings was provided to 2,093 military conscripts in FY15. In total, 6,571 conscripts took part in the training sessions in 2011–15 focused on improving conscripts' knowledge of the symptoms and treatment of STIs, including HIV, as well as responsible sexual behavior.

Alcohol and other substance abuse as HIV risk factors were included in the FY15 curriculum. Eight (8) trainings were provided and attended by 80 members of the EDF, 57 of whom were officers studying at Estonian National Defence College in Tartu.

Two (2) specialists from the Institute of Microbiology at the University of Tartu attended a 1-week *HIV Prevention and Treatment Cascade Analysis* course at the WHO Collaborating Centre for Capacity Building in HIV Surveillance, based at the Andrija Štampar School of Public Health in Zagreb, Croatia, which is recognized as a prestigious and unique public health institution in Eastern Europe. University of Tartu is an official EDF partner that works with HIV/STI monitoring and evaluation issues.

Twenty (20) conscript group leaders from Tallinn attended a 1-day training session in April 2015. They were trained to initiate dialogue among the conscripts about HIV prevention and related topics like gender, relationships, sex and sexuality, and injection and other drug use.



In September 2015, DHAPP staff provided trainings on psychological aspects of HIV/STIs, counseling, motivational interviewing, medical ethics, privacy, and confidentiality at 2 locations in Estonia: Tallinn and Tartu. Seventy-five (75) medical personnel attended the training.

In the second half of 2015, the project team began preparation for the *Regional Military Infectious Diseases Workshop*, which will be held in Tallinn in 2016.

Proposed Future Activities

Julia Vinckler Consulting NGO, the designated partner for FY16, will continue to work with the EDF on assessing health care providers for HIV/STI diagnostic capabilities and counseling, and providing prevention education for EDF personnel. The project will continue with peer-education training. A training will be organized to train 20 group leaders as peer educators.

To determine outcomes of the training provided to the conscripts, a process evaluation will be conducted in 2016. The aim of this post-training assessment, based on qualitative analysis, is to determine the usefulness, relevance, and acceptance of the training. Data will be collected about participants' reactions to the training experience, including learning environment, content, format, methods used by the trainer, general satisfaction, and pre- and post-tests to assess knowledge of HIV/STI.

Two (2) medical personnel will attend one of the courses at the WHO Collaborating Centre for Capacity Building in HIV Surveillance.

In FY16, DHAPP will also collaborate with the EDF on a new project to support and train medical residents for the EDF medical department. A lack of physicians willing to serve with the EDF has become a critical problem in the last few years. DHAPP will provide them the required HIV/STI training.

The second *Regional Military Infectious Diseases Workshop* will be held in Tallinn September 6–8, 2016. This workshop will provide a forum for representatives of different countries in Eastern Europe and the Central Asia Region to come together, share their experiences, and learn from each other. The goal is to expand awareness of and improve existing practices for treatment of infectious diseases in the military.





*Reducing the incidence of HIV/AIDS among
uniformed personnel across the globe*

BACKGROUND

Country Statistics

The population of Moldova is 3.6 million, with an average life expectancy of 70 years and a literacy rate of 99%. The official language of Moldova is Moldovan, although Russian and Gagauz, a Turkish dialect, are also widely spoken. Notwithstanding recent progress, Moldova remains one of the poorest countries in Europe. The country’s economy relies heavily on its agricultural sector, benefiting from Moldova’s moderate climate and good farmland. Major agricultural products include fruits, vegetables, wine, and tobacco. Russia and Ukraine provide almost all of Moldova’s energy supplies. The 2015 estimated GDP per capita was \$5,000.

HIV/AIDS Statistics

HIV prevalence in Moldova is low, estimated at 0.6%, with approximately 18,000 PLHIV (UNAIDS Website, December 2015).

Military Statistics

Moldova’s uniformed services consist of the National Army, under the MOD (5,350 people), the Border Guard Service (5,500 people), and the Carabinier Force, under the Ministry of Internal Affairs (2,000 people). According to *The Military Balance* 2015 annual assessment, Moldova allocates 0.3% GDP on military expenditures.

PROGRAM RESPONSE

In-Country Ongoing Assistance

Since 2012, DHAPP has collaborated with the Moldovan MOD to improve clinical services for HIV and TB. The overall



strategy included clinical training of medical staff and assistance with laboratory procurements and other medical equipment.

OUTCOMES & IMPACT

Prevention


During FY15, 2 shipments of medical and laboratory equipment and supplies, in partnership with Project C.U.R.E, were shipped to the Moldovan MOD. These donations improved medical care provided by the Moldovan Military Medical Department. DHAPP staff conducted an in-country 2-day training course for military medical personnel on HIV and other infectious diseases.




Proposed Future Activities

Plans are currently being developed for a third shipment of donations from Project C.U.R.E. specifically to supply numerous battalion aid stations throughout Moldova. Procurement of additional laboratory equipment and x-ray machines will improve capacity for HIV and TB diagnosis and treatment.





Serbia



*Reducing the incidence of HIV/AIDS among
uniformed personnel across the globe*

BACKGROUND

Country Statistics

The estimated population of Serbia is 7.2 million people, with an average life expectancy of 75 years. Serbian is the official language of the country, which has an estimated literacy rate of 98%, evenly distributed between men and women. In June 2006, Serbia declared that it was the successor state to the Union of Serbia and Montenegro. After 2 years of inconclusive negotiations, the UN-administered province of Kosovo declared itself independent of Serbia. Unemployment and stagnant household incomes continue to be political and economic problems, along with high government expenditures and increasing public and private foreign debt. Structural economic reforms necessary to ensure Serbia's long-term prosperity have largely stalled since the beginning of the global financial crisis. The 2015 estimated GDP per capita was \$13,600. Serbia is seeking membership in the European Union (EU) and formal negotiations regarding the country's accession to the EU opened in January 2014.

HIV/AIDS Statistics

The estimated HIV prevalence in Serbia's general population is 0.1%, with approximately 3,000 PLHIV (UNAIDS website, January 2016). Relatively little is known about the factors that influence the spread of HIV in Serbia, although the early phases of the epidemic were primarily driven by injection drug use.



Military Statistics

Since conscription was abolished in January 2011, the Serbian Armed Forces (SAF) has gone through a period of downsizing, restructuring, and

professionalization of its military personnel. In the SAF, the age for voluntary military service is 18, with a service obligation of 6 months. According to *The Military Balance* 2015 annual assessment, the SAF is composed of an estimated 28,150 troops. Serbia expends 1.6% of the GDP on its military. HIV prevalence in the Serbian military is unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff work in conjunction with the Military Medical Academy (MMA) in Belgrade to support the SAF HIV prevention program. In recent years, activities have expanded from laboratory support to prevention and care.

OUTCOMES & IMPACT

Prevention

During FY15, 2,150 troops and family members with HIV prevention education information, including all members of PKO teams and all SAF blood donors.

HTC services were offered to all blood donors at the military medical health care centers, members of PKOs, pregnant women (including wives of SAF members), and all SAF members who attended the MMA. Mobile teams from MMA visited 13 garrisons in the SAF to provide HTC services. At the end of FY15, 1,150 individuals had been counseled, tested, and received their results.

Forty-seven (47) pregnant women were counseled and tested during regular examinations in this reporting period. ELISA tests were used during the last medical examination before delivery.

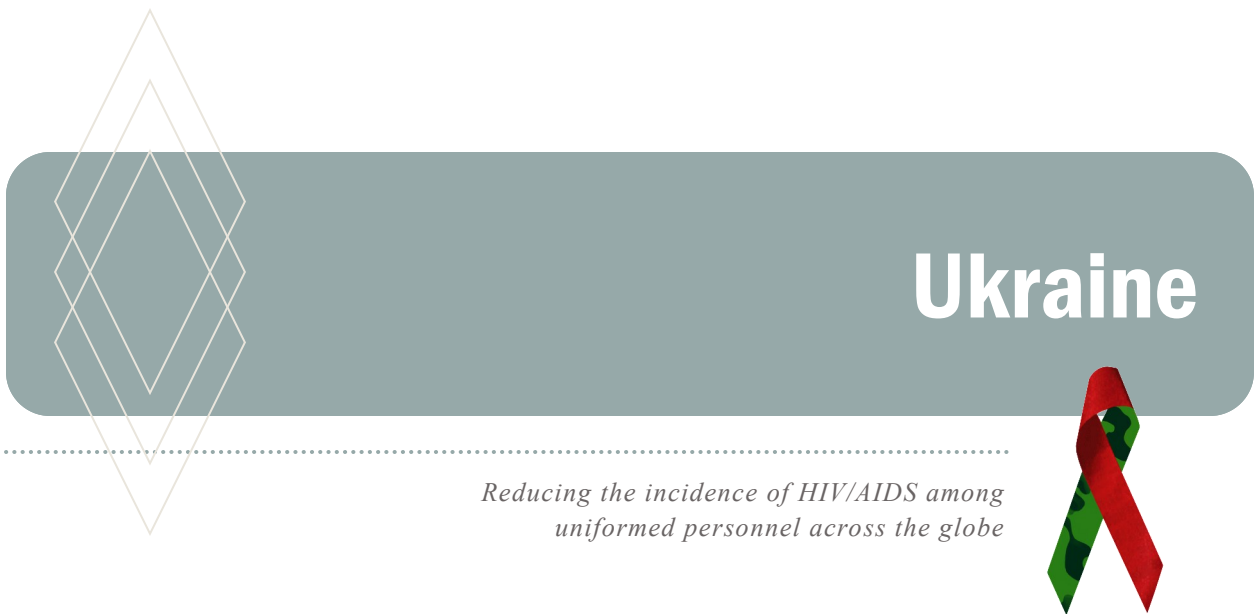
Other

Nineteen (19) people received a minimum of 1 clinical service during the reporting period, and 15 individuals currently are receiving ART. Twenty (20) PLHIV were reached with PHDP interventions. Two (2) testing facilities have the capacity to perform clinical lab tests.

During FY15, efforts continued in development of new HIV testing policies in the SAF.

Proposed Future Activities

FY16 plans include continuing prevention activities at all levels, developing training materials for health care workers, and conducting studies in the areas of STIs, epidemiology, and HIV immunology.



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uniformed personnel across the globe*

BACKGROUND

Country Statistics

The estimated population of Ukraine is 44.4 million people, with an average life expectancy of 72 years. Ukrainian is the official language, and the country has an estimated literacy rate of 99.8%, evenly distributed between men and women. Ukraine's fertile black soil generates more than one quarter of the former Soviet agricultural output, and the farms provide substantial quantities of meat, milk, grain, and vegetables to other republics. Ukraine depends on imports to meet 75% of its yearly natural gas and oil requirements and all of its nuclear fuel needs. Russia's seizure of the Crimean Peninsula in 2014 has created uncertainty regarding the future annual growth rate of the economy. The 2015 estimated GDP per capita was \$8,000.



HIV/AIDS Statistics

The estimated HIV prevalence in Ukraine's general population is 1.2%, with a total of 290,000 PLHIV, half of whom are women (UNAIDS website, December 2015). The most common mode of HIV transmission is injection drug use. HIV prevalence among PWID appears to have fallen by more than half in Ukraine from 2007 to 2012, though this rate is likely attributable to changes in survey methods. The number of HIV cases reported among PWID in Ukraine remained relatively stable, with 6,500 to 7,000 per year in the same time period (UNAIDS Global Report 2013). ART coverage is 31.5% (UNAIDS 2014), with COP 2015 ART scale-up focused on PWID in 5 priority oblasts: Dnipropetrovsk, Mykolaiv, Odessa, Kyiv, and Kherson.

Military Statistics

According to *The Military Balance* 2015 annual assessment, the Ukrainian Armed Forces (UAF), which consists of army, naval, and air forces, comprises approximately 121,500 active-duty members. Ukraine expends 2.7% of the GDP on the military. Military HIV prevalence rates are unknown. Increased HIV screening has been reported among recent military conscripts.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The UAF HIV/AIDS program is a collaborative effort between the US Embassy in Kiev, DHAPP, and the UAF. DHAPP staff provide TA and support to the UAF program. The Ukraine International HIV/AIDS and TB Institute (IHATI) is the designated partner for this collaboration, with a focus on combination prevention, TA for HTC, and recent procurements supporting a safe donor blood supply.

OUTCOMES & IMPACT

Prevention

In FY15, 44,890 military personnel were reached with HIV/AIDS prevention interventions. The increased mobilization of reservists contributed to the success of these activities. HIV training occurred as part of a curriculum and combat training program, conducted by unit medical doctors and military medical leadership, with technical guidance on content and delivery provided by the implementing partner, IHATI.

In FY15, 15,974 military personnel were counseled, tested, and received their results. Testing occurred in Ukrainian military community regions, including the remaining 5 DHAPP-sponsored laboratories and testing sites. Counseling services were provided in both individual and group settings.

A large procurement of transfusion blood safety equipment, including centrifuges, blood product refrigerators, and HIV ELISA and Western blot test kits, was successfully completed in spring 2015.

Proposed Future Activities

Future activities include scaling up HIV prevention activities in 2 oblasts (Odessa and Mykolaiv) that have higher HIV prevalence rates and large, mobile, expanding military populations, as well as continued prevention activities in Kyiv and Lviv. Support for training of Ukrainian military medical leadership and medical personnel on HIV risk mitigation strategies on the battlefield, and HTS scale-up, with a focus on new conscripts during this rapid troop mobilization, is also proposed. Additional activities include support for a 2-year quality assurance/quality improvement program for safe blood transfusion, development of lab infrastructure, development of a protocol ensuring standardized HIV testing of the blood supply, improved linkage to care to civilian AIDS centers, and support exploration for a MOD HIV database.



US PACIFIC COMMAND

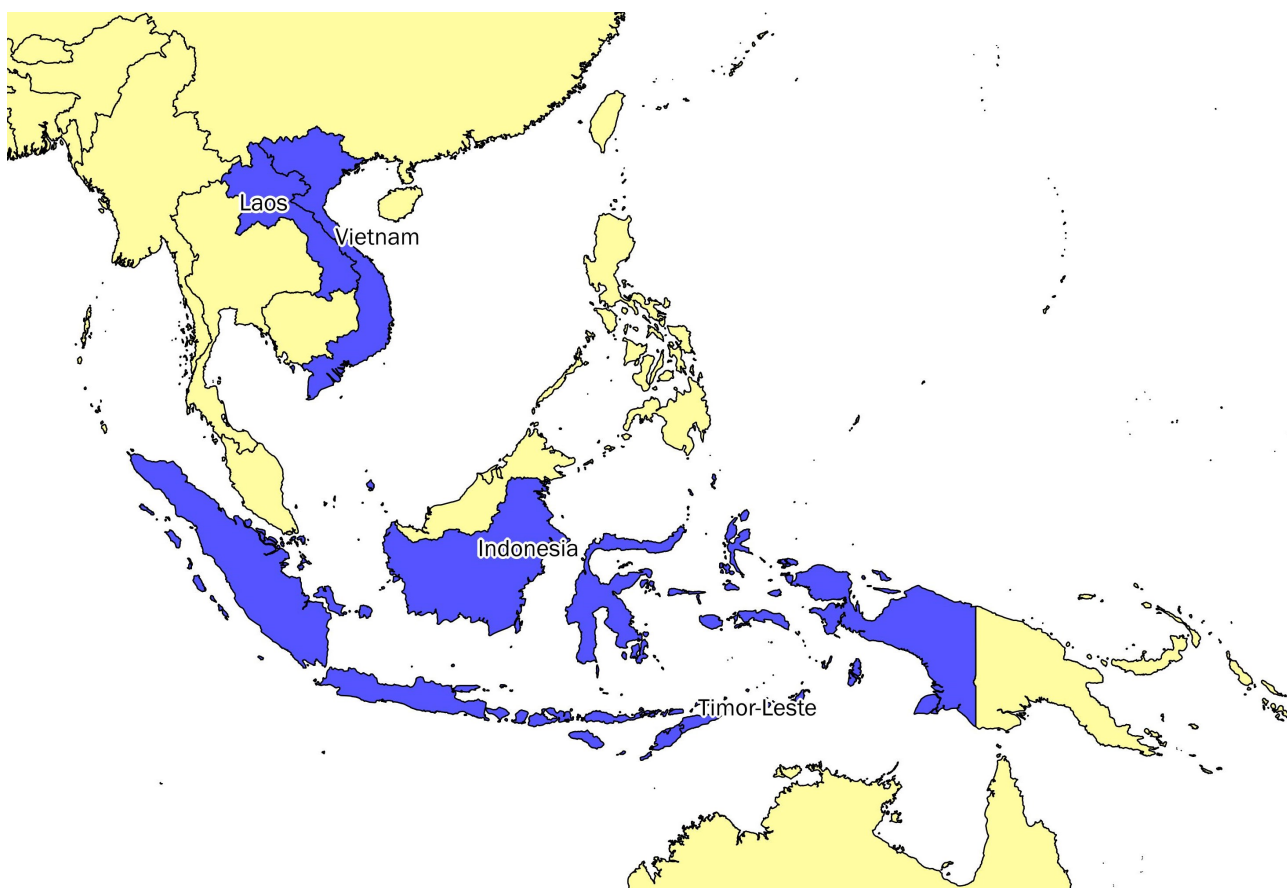
Winning battles in the war against HIV/AIDS



USPACOM protects and defends, in concert with other US Government agencies, the United States, its people, and its interests. With allies and partners, USPACOM is committed to enhancing stability in the Asia-Pacific region by promoting security cooperation, encouraging peaceful development, responding to contingencies, deterring aggression, and, when necessary, fighting to win. This approach is based on partnership, presence, and military readiness. DHAPP's activities in the region directly support USPACOM's efforts to improve theater health security and capability by collaboratively working with our regional partners in HIV education, prevention, testing, and treatment.



Active Country Programs Within US Pacific Command's Area of Responsibility





*Reducing the incidence of HIV/AIDS among
uniformed personnel across the globe*

BACKGROUND

Country Statistics

The estimated population of Indonesia is 256 million people, with an average life expectancy of 72 years. Bahasa Indonesia is the official language in Indonesia, which has an estimated literacy rate of 94%, slightly unevenly distributed between men and women. Although growth in the economy has slowed since 2012, Indonesia joined China and India as the only G20 members posting growth. Ongoing challenges include poverty, unemployment, and inadequate infrastructure. Fuel subsidies were removed in 2015, which helped the government increase spending on development priorities. The estimated 2015 GDP per capita was \$11,300.

HIV/AIDS Statistics

The estimated HIV prevalence in Indonesia's general population is 0.5%, with approximately 660,000 PLHIV (UNAIDS website, December 2015). While most provinces face a concentrated epidemic among key affected populations, by 2006 evidence showed that across the two provinces of Papua and West Papua (Tanah Papua) a low-level general population epidemic was under way, with an HIV prevalence rate of 2.4% among the general population. It is fueled almost completely by unsafe sexual intercourse (UNGASS Country Progress Report: Indonesia 2012).



Military Statistics

The Indonesian Armed Forces, Tentara Nasional Indonesia (TNI), is composed of approximately 395,500 active-duty troops, with 400,000 reservists. According to *The Military Balance* 2015 annual assessment, Indonesia spends

an estimated 0.8% of the GDP on military expenses. Military HIV prevalence rates are similar to the general population at 0.4%.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP and the ODC at the US Embassy in Jakarta have been collaborating with the TNI. An in-country program manager works for the ODC in Jakarta and oversees programmatic activities with the TNI. FHI 360 was the implementing partner in FY15.

OUTCOMES & IMPACT

Prevention

In FY15, FHI 360 continued to focus on providing TA and training in prevention, HTC, HIV care, support and treatment, and monitoring and evaluation. At the district and subdistrict levels, TA was provided to strengthen health services in TNI hospitals through training and clinical mentoring, as well as improve support to HIV-positive personnel and their

dependents by implementing PHDP. These efforts were aimed at strengthening the involvement of the TNI health facilities within the continuum of care by linking them to MOH national, provincial, and district health facilities. At the national level, support was provided to improve the military HIV policy, and to facilitate the coordination between TNI and other important stakeholders including the MOD, MOH, and National AIDS Commission (NAC). Key activities have included assistance to TNI to manage and scale up prevention programs with a focus on peer-led activities, and to strengthen the capacity of TNI and the MOD to implement a systematic monitoring and evaluation system for HIV activities. The ODC, in partnership with the MOD and TNI, with TA from FHI 360 and the NAC, conducted 5 peer-led trainings and several meetings and special events. A total of 140 officers attended the trainings and 850 TNI personnel attended the two HIV/AIDS social events. Through ongoing advocacy efforts, FHI 360 has strengthened the link between the TNI and NAC. The NAC is now committed to contributing to military HIV prevention activities by training 2,000 new peer leaders in 20 provinces, with support from FHI 360.



A total of 28,197 civilian and military personnel received HTC services and their test results, with TA for HTC provided by FHI 360. ODC and FHI 360 assisted the military hospitals through training on the importance of reporting and recording. They also facilitated workshops and regularly coordinated with representatives from local health district areas, MOH, NAC, TNI, and Civil Society Organizations.

Proposed Future Activities

The goals for TNI in the FY16 COP are to strengthen HIV prevention strategies, HIV care services at district and subdistrict levels, and the strategic information system in the MOD and TNI through recording and reporting. These goals are in line with the objectives of the Indonesia Global Health Initiative strategy, mainly in improving the effectiveness of interventions and sustainability of activities by local government and NGO partners.



Laos



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BACKGROUND

Country Statistics

The estimated population of Laos is 6.9 million people, with an average life expectancy of 64 years. Lao is the official language of Laos, but French, English, and various ethnic languages are also widely spoken. The country has an estimated literacy rate of 80%, which is unevenly distributed between men and women. Laos is one of the few remaining one-party Communist states. Laos began decentralizing control and encouraging private enterprise in 1986. The results have been astounding, with near steady growth rates from 1988 to 2008, and reaching over 7% growth each year from 2008–12. Despite this high



growth rate, Laos remains a country with an underdeveloped infrastructure, particularly in rural areas. Subsistence agriculture, dominated by rice cultivation, accounts for about 25% of the GDP and provides 73% of total employment. A value-added tax system was initiated in 2010, the first stock exchange in the country was opened in 2011, and in 2013, Laos was admitted to the World Trade Organization. With these changes, Laos's goal of graduating from the UN Development Programme's list of least-developed countries by 2020 is achievable. The country became a member of the Association of Southeast Asian Nations community in 1997 and in 2016 began a 1-year chairmanship. The 2015 estimated GDP per capita was \$5,400.

HIV/AIDS Statistics

The estimated HIV prevalence in Laos's general population is 0.3%, with approximately 11,000 PLHIV (UNAIDS website, December 2015). Male migrant workers account for the largest proportion of reported cases. This population is inherently transitory, moving frequently between neighboring

countries, thus increasing their risk of infection and transmission to their partners upon return. While the incidence of HIV among sex workers is decreasing, incidence has been increasing among men who have sex with men (UNGASS Country Progress Report: Laos 2014).

Military Statistics

The Lao People's Army (LPA) is composed of approximately 29,000 active-duty troops. Rates of HIV are unknown in the LPA, but a SABERS was completed at the end of FY15 and the data are being analyzed. According to *The Military Balance 2015* annual assessment, Laos expends 0.2% of the GDP on the military.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP and the US DAO in Vientiane have continued collaboration with the LPA. An in-country program manager was hired in 2011. Laos joined the PEPFAR Asia Regional platform in FY13.

OUTCOMES & IMPACT

In FY15, 5,550 troops were reached with HIV prevention education interventions. They received HIV/AIDS/STI information from MOH/Military Medical Department staff, and more than 50,000 condoms were distributed. In addition, 4,646 individuals received HTC at 15 LPA bases, a 55% increase in testing coverage since FY13. Factors contributing to successful provision of HTC services included demand creation at fixed sites and self-referral of LPA service members to HTC services. All HIV-positive military members were referred to MOH HIV care centers. DHAPP provided support for provision of counselors' training, prevention materials, and distribution of rapid HIV test kits and other testing supplies.

Proposed Future Activities

SABERS data collection was completed in FY15 and data analysis will be completed in FY16 as the epidemic within the LPA is further characterized. Delivery of results and discussion with LPA leadership and technical staff will occur at a workshop in Vientiane. Planned activities also include continued expansion of prevention efforts, distribution of HIV prevention materials, condom procurement and dissemination, increased on-site HTS support for counselors at fixed bases, and support for providing technical training on lab testing to LPA HIV counselors in 6 provinces.



Timor-Leste



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BACKGROUND

Country Statistics

The estimated population of Timor-Leste is 1.2 million people, with an average life expectancy of 68 years. Tetum and Portuguese are the official languages of Timor-Leste, which has an estimated literacy rate of 67.5%. The country, previously incorporated into Indonesia in July 1976, was internationally recognized as an independent state in May 2002.

Since April 2008, the government has experienced one of its longest periods of post-independence stability. In late 2012, the UN Security Council ended its peacekeeping mission in Timor-Leste. Government spending increased from 2009 to 2012, primarily on basic infrastructure, including electricity and roads, but dropped significantly between 2013 and 2015. These efforts have been hampered by the government's limited experience in procurement and infrastructure building. The 2015 estimated GDP per capita was \$5,800.

HIV/AIDS Statistics

Timor-Leste has a nongeneralized, low-level epidemic, with a national HIV prevalence of approximately 0.2% and an estimated 894 PLHIV (UNGASS Country Progress Report: Timor-Leste 2012). Most HIV infections appear to be a result of unprotected heterosexual contact, with other routes of transmission likely to include men who have sex with men (MSM), PWID, and perinatal and blood transmission. A biobehavioral surveillance survey of female sex workers, MSM, and uniformed personnel was conducted by the University of New South Wales in 2008. The results indicated low levels of condom use among all 3 groups (UNGASS Country Progress Report: Timor-Leste 2012).



Military Statistics

According to *The Military Balance 2015* annual assessment, the Timor-Leste Defense Force (TLDF) is estimated at approximately 1,330 members. The government expends 1.5% of the GDP on the military. Force-wide testing is not in place; therefore, HIV prevalence is unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

USPACOM and DHAPP have been collaborating with the TLDF, and Church World Service has been assisting the TLDF as the implementing partner since FY10.

OUTCOMES & IMPACT

In FY15, Church World Service delivered HIV prevention education through small group sessions to 1,683 individuals in the Dili, Ainaro, and Cova Lima districts of Timor-Leste. Of these, 510 individuals were TLDF uniformed personnel. Information was provided on HIV prevention measures, including condom use. A total of 389 individuals received HTC services.

A workshop on developing an HIV workplace policy in the military was held November 2014 in Dili, facilitated by the National AIDS Commission (NAC), MOH, and MOD. As a result of the successful workshop, TLDF leadership set up a dedicated task force drawn from various military units as well as MOH and NAC to finalize the HIV policy. Church World Service staff facilitated the third task force meeting in May 2015, which was attended by senior TLDF officers as well as representatives from NAC and the ODC. The formal HIV workplace policy was drafted and approved by TLDF leadership, and officially launched September 2015.

The World AIDS Day commemoration was held December 2014 in Baucau. The 350 participants included TLDF personnel, their families, community members, youth, university students, local government representatives, as well as members and leaders of faith communities.

Proposed Future Activities

In FY16, Church World Service will assist the TLDF with continuation of prevention and HTS activities as well as workshops to further strengthen the implementation of the military HIV workplace policy.



Vietnam



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BACKGROUND

Country Statistics

Vietnam's estimated population is 94.3 million people, with an average life expectancy of 73 years. Vietnamese is the official language of Vietnam, which has an estimated literacy rate of 94.5%, slightly unevenly distributed between men and women. Deep poverty, defined as a percentage of the population living under \$1 per day, has declined significantly. The 2015 estimated GDP per capita was \$6,100. In 2015, Vietnam was one of 12 nations concluding the Trans-Pacific Partnership free trade agreement negotiations. Agriculture's importance in economic output decreased from 25% in 2000 to 18% in 2014, whereas industry's share increased from 36% to 38% during the same period. In 2015, Vietnam's managed currency, the dong, depreciated 5%. Poverty declined significantly, and the government is working to create jobs in an attempt to meet the needs of a labor force that is growing by more than 1 million people per year.

HIV/AIDS Statistics

The estimated HIV prevalence in Vietnam's general population is 0.5%, with approximately 250,000 PLHIV (UNAIDS website, December 2015). The HIV epidemic in Vietnam is concentrated, with the highest HIV prevalence found in specific populations, namely PWID, female sex workers, and men who have sex with men (UNGASS Country Progress Report: Vietnam 2014).

Military Statistics

According to *The 2015 Military Balance* annual assessment, the Vietnam Ministry of Defense (VMOD) is estimated at approximately 482,000 active-duty troops. Vietnam expends 2.3% of the GDP on the military.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP, the ODC in Hanoi, and USPACOM have continued to collaborate with the Vietnamese Military Medical Department (VMMD). An in-country program manager oversees activities with the VMMD. In FY15, the implementing partners were the US Armed Forces Research Institute of Medical Sciences (AFRIMS) based in Bangkok, Thailand; the Center for Community Health Promotion, a local NGO based in Hanoi; and the Vietnam Nurses Association (VNA), based in Hanoi.



OUTCOMES & IMPACT

Prevention

In FY15, the VMMD supported 12 HTC centers located at 8 military hospitals and preventive medicine centers across the country. During the year, 33,600 military members were tested for HIV and received their results. In some cases, the HIV counseling sessions were integrated with blood donation campaigns at the military units; therefore, the results were higher than the target set.

In FY15, through VNA, DoD/PEPFAR supported the development and MOH approval of national policies and a training curriculum of standard precautions and advanced infection control practices for military and nationwide use. In addition, 50,000 new recruits received HIV prevention training.

Five (5) blood safety centers in 5 selected military hospitals in Hanoi, Ho Chi Minh City, Khanh Hoa, Da Nang, and Can Tho continued to receive TA on quality management and equipment preventive maintenance service through AFRIMS in FY15. Blood safety has been identified by the VMOD as among its top priorities to prevent biomedical transmission of HIV and other infectious diseases.

Care and Treatment

Four (4) VMMD service outlets provide HIV-related palliative care and ART for VMOD members, their families, and civilians. During FY15, 571 HIV-positive adults and children received clinical services. A total of 103 patients were newly initiated on ART in FY15. Military outpatient clinics strengthened the referral HIV-infected client process from HTC site to treatment. All HIV-positive patients are screened for TB. Collocations of TB/HIV and outpatient clinics are very important for tracking and treating all TB/HIV co-infected patients. For other DHAPP-supported outpatient clinics in Ho Chi Minh City, Can Tho, and Da Nang, all HIV/TB-suspected patients need to be referred to civilian TB clinics, and the linkages with civilian sites need to be strengthened to reduce the number of patients lost to follow-up. Also, through VNA, DHAPP facilitated the development of a national curriculum and teaching materials for Nursing Leadership and Management and ensured MOH approval.

Health System Strengthening

Being one of the first PEPFAR US agencies to work with local NGOs as prime implementing partners has allowed DoD to contribute to the capacity building of local NGOs. Working with the VMOD and VMMD on their military HIV/AIDS program and strengthening the military medical system, DoD has contributed to building trust and enhanced collaboration between the US and Vietnamese militaries.

Proposed Future Activities

All proposed activities were submitted by the US Embassy to the Vietnam Country Support Team, and were included in the FY16 COP.



US SOUTHERN COMMAND

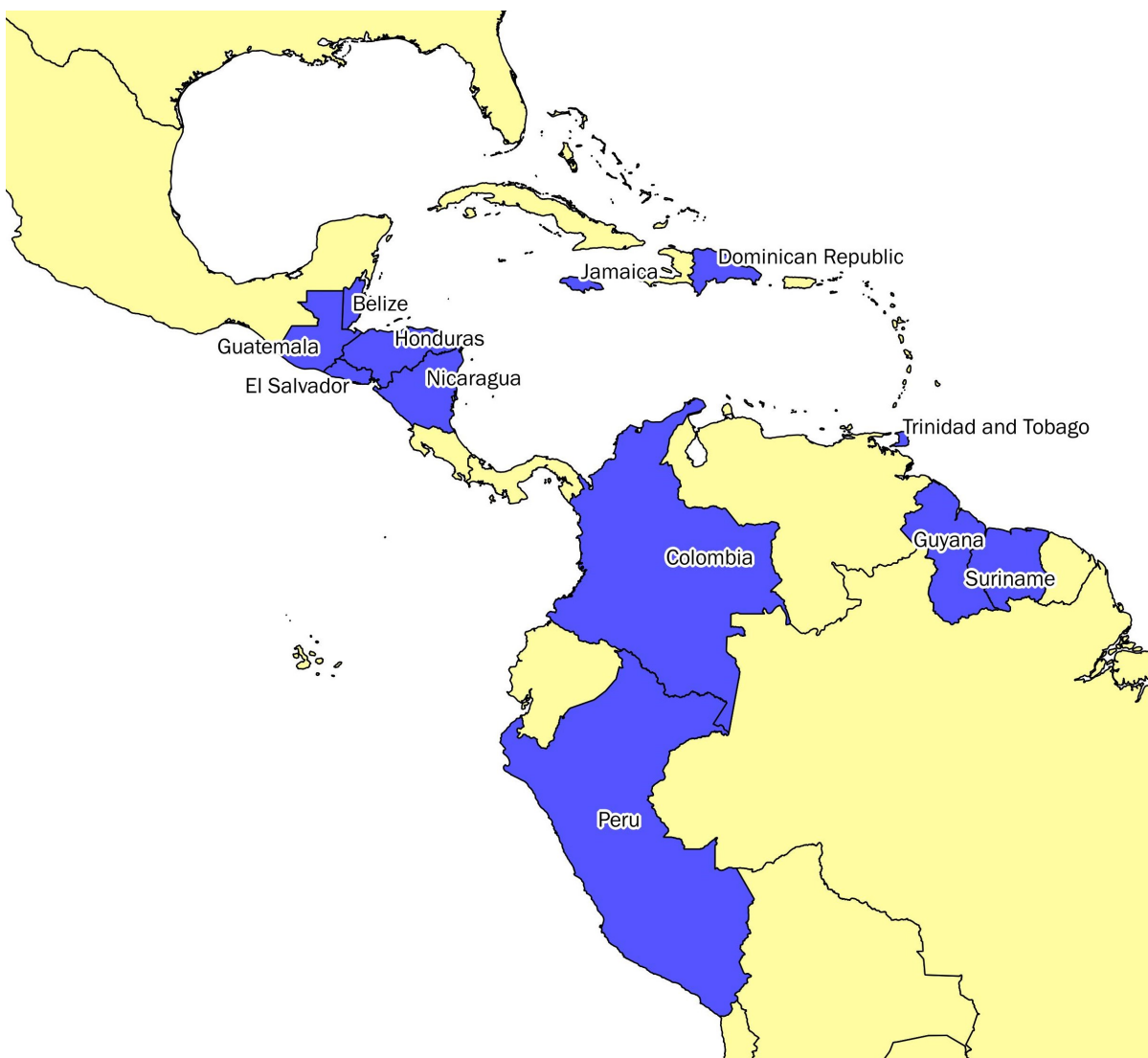
Winning battles in the war against HIV/AIDS



USSOUTHCOM is one of six geographic combatant commands that provides strategic oversight of DoD activities throughout its area of responsibility, which encompasses 31 countries and 15 areas of special sovereignty in the Latin American and Caribbean regions. USSOUTHCOM's mission is to, on order, conduct joint and combined full-spectrum military operations and to support whole-of-government efforts to enhance regional security and cooperation. DHAPP, as part of the PEPFAR initiative, aims to prevent the spread of HIV within partner-nation militaries in the USSOUTHCOM area of responsibility. This program supports USSOUTHCOM's objectives by building partner-nation military medical capability and improving each respective nation's health readiness. These efforts are in direct support of the Global Health Security Agenda and Strategic Objective 5 of the National Health Security Strategy.



Active Country Programs Within US Southern Command's Area of Responsibility



Belize

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BACKGROUND

Country Statistics

The estimated population of Belize is 347,369 people, with an average life expectancy of 69 years. English is the official language of Belize, but nearly half of the population speaks Spanish. The estimated literacy rate is 77% and is evenly distributed between men and women. The 2015 estimated GDP per capita was \$8,600, with an unemployment rate of 25%. Tourism is the number one foreign exchange earner, followed by exports of crude oil, marine products, sugar, bananas, and citrus. Growth slipped to 0% in 2009 because of the global economy, natural disasters, and a temporary drop in the price of oil, but increased to 2.2% in 2015. The government focuses on addressing poverty and inequality. Challenges facing the country include high unemployment, foreign debt, and a growing trade deficit.



HIV/AIDS Statistics

Belize has one of the highest HIV/AIDS prevalences in Central America (*The World Factbook*, April 2016). The HIV prevalence among people 15–49 years of age is estimated at 1.2%. Prevalence rates are higher in key populations, with rates up to 13.5% among men who have sex with men, according to a behavioral seroprevalence survey conducted in 2012. Based on UNAIDS estimates for 2014, there were 2,700 PLHIV (UNAIDS website, December 2015). The 15–49 years age group remains most affected since they represent the economically viable sectors of the population (UNGASS Country Progress Report: Belize 2015).

Military Statistics

The Belize Defense Force (BDF) is composed of approximately 1,300 personnel, with the primary task of defending the nation's borders and providing support to civil authorities. Belize allocates 1.1% of the GDP for military expenditures, according to *The Military Balance* 2015 annual assessment. A serological and behavioral assessment was conducted among BDF personnel in 2010. Results released in 2011 showed an HIV prevalence rate of 1.14% among the BDF.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff have worked in conjunction with the US MLOs in Belmopan and Bridgetown, Barbados, and the BDF to create a military-specific HIV/AIDS program. In FY13, Belize transitioned from the Caribbean Regional PEPFAR platform to the Central America Regional PEPFAR platform. A DoD regional program manager coordinates activities across the militaries in Central America, and is based in Guatemala City, Guatemala. DHAPP supports activities addressing HIV prevention, health systems strengthening, and strategic information. In December 2013, RTI International became an implementing partner for the BDF, providing support for PHDP, post-test counseling, and risk-reduction training.

OUTCOMES & IMPACT

Prevention and Health System Strengthening

In FY15, RTI provided TA to the BDF in delivering post-test counseling for HIV-negative clients through an automated, tablet-based interface that tailors clients' prevention messaging based on their responses to questions on sexual and behavioral risk factors. It has been well received by military personnel who appreciate the added privacy it affords. RTI also completed training activities with military educators to reach their peers with a targeted risk-reduction intervention.

The regional DHAPP program manager provided direct TA, in collaboration with RTI, to the BDF on developing a 5-year HIV Strategic Plan.

Proposed Future Activities

In FY16, DHAPP will collaborate with the BDF to conduct a SABERS. With the last prevalence study conducted in 2012, and some recent data showing higher prevalences in specific subsets of the force, a new prevalence and behavioral risk study will provide valuable information to the BDF for HIV prevention programming.

RTI will provide support to the BDF to conduct PHDP activities and to form a support group for HIV-positive BDF personnel and their families. RTI will also work with the BDF on a targeted HIV testing approach to identify high-risk individuals and their sexual contacts.

Colombia

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BACKGROUND

Country Statistics

Colombia has a population of 46.7 million, with a life expectancy of 75 years. Spanish is the official language, and the literacy rate is 95%, evenly distributed between men and women. Despite decades of internal conflict and drug-related security challenges, Colombia exhibits fairly strong democratic institutions. Colombia depends heavily on energy and mining exports and is Latin America's fourth largest oil producer and the world's fourth largest coal exporter. Factors affecting economic development include inadequate infrastructure, inequality, poverty, and narco-trafficking. The growth in GDP averaged 4.8% each year between 2010 and 2014, before dropping in 2015. The unemployment rate of 8.9% is one of the highest in Latin America. The US-Colombia Free Trade Agreement was implemented in 2012. The estimated 2015 GDP per capita was \$14,000. Gender inequality, underemployment, and drug trafficking remain significant challenges, and improvements to the country's infrastructure are necessary to sustain economic expansion.



HIV/AIDS Statistics

HIV is concentrated in certain populations with high vulnerability (sex workers and men who have sex with men, for whom HIV prevalences are approximately over 3% and 10%, respectively), while the general population prevalence for adults 15–49 years of age is 0.4%. The estimated number of PLHIV in 2014 was 120,000 (UNAIDS website, December 2015).

Military Statistics

The Colombian Armed Forces (CAF) is made up of the Army, Navy including Coast Guard, and Air Force, with approximately 296,750 personnel. Approximately 3.4% of the country's GDP is allocated for military expenditures, according to *The Military Balance* 2015 annual assessment. The HIV prevalence rate among the military is unknown; however, the CAF reported just over 1,000 patients in treatment as of August 2014.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The proposed activities supported by DHAPP, in collaboration with the support provided by the Colombian Ministry of National Defense and COPRECOS-Colombia, will complement the current work plan. The in-country implementing partner, Liga Colombiana de Lucha Contra el SIDA (LigaSIDA), supported the CAF with its HIV prevention program in FY15.

OUTCOMES & IMPACT

Prevention

In FY15, a total of 1,000 soldiers received training on HIV/AIDS/STI prevention, sexual reproductive rights, and reduction of stigma and discrimination. In addition, 490 medic combatant nurses received training in HTC. These activities were conducted with support and collaboration of COPRECOS. Moreover, 33,949 individuals or small groups received prevention interventions with a specific focus on reducing stigma and discrimination among health care professionals.

Other

NAMRU-6 staff continued supporting the CAF through a regional program for the improvement of military laboratories in Latin America (PROMELA) to improve the technical proficiency of lab personnel in HIV, other STIs, and TB diagnostics, and overall lab quality improvement efforts. Four (4) CAF members participated in the Strengthening Laboratory Management Towards Accreditation (SLMTA) workshop in Lima, Peru. Both participating labs showed measurable steps toward accreditation. One of the laboratories achieved the maximum score and is ready to apply for international accreditation; the second laboratory demonstrated 15% improvement. In addition, a successful external quality pilot program for HIV rapid testing was conducted at 5 Air Force bases using the dried tube specimen (DTS) technique.

Proposed Future Activities

In-country partner LigaSIDA will continue to evaluate and strengthen the use of the information system, capturing HIV information from the health units to inform public health interventions, and improve monitoring of health care workers as well as train them to help PLHIV manage their cases. Prevention training will be more strategically targeted, including training of health care workers in the reduction of stigma and discrimination in HIV/STI health centers. In FY16, LigaSIDA will conduct 2 studies: (1) index of stigma and discrimination of HIV

among health workers, in collaboration with the Pan American Health Organization; and (2) GBV in armed forces, in collaboration with COPRECOS.

TA will be provided in lab diagnostics, training, surveillance, and data analysis. NAMRU-6 staff will continue to support the CAF by providing training and assistance in the development and strengthening of information systems, in addition to supporting a lab assessment and lab strengthening activities. In FY16, a new Air Force hospital will be included in PROMELA. Additionally, implementation is proposed for the external quality program HIV rapid testing using the DTS technique for the Colombian National Army bases outside of Bogota, in collaboration with COPRECOS and the CAF.



Dominican Republic



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uniformed personnel across the globe*

BACKGROUND

Country Statistics

The estimated population of the Dominican Republic is 10.4 million people, with an average life expectancy of 78 years. Spanish is the official language of the Dominican Republic, which has an estimated literacy rate of 91.8%, evenly distributed between men and women. The estimated 2015 GDP per capita was \$14,900, with an unemployment rate of 14%. The country is known primarily for exporting sugar, coffee, and tobacco. However, the service sector has recently overtaken agriculture as the economy's largest employer due to growth in construction, tourism, and free trade zones. The United States is the destination for more than half of exports, and remittances from the United States amount to about 7% of the GDP. The Dominican Republic's economy rebounded from the global recession in 2010–15, and the fiscal situation is improving. A tax reform package passed in November 2012, a reduction in government spending, and lower energy costs helped to narrow the central government budget deficit from 6.6% of GDP in 2012 to 2.6% in 2015. High unemployment and underemployment remain key challenges.



HIV/AIDS Statistics

The estimated HIV prevalence in the general population of the Dominican Republic is 1.0%, with approximately 69,000 PLHIV (UNAIDS website, December 2015). According the UNAIDS Global Report 2012, HIV incidence decreased by over 50% in the Dominican Republic between 2001 and 2011. The Dominican Republic was a country previously believed to have an epidemic overwhelmingly characterized by heterosexual transmission, but the continuing high prevalence of male PLHIV has led researchers to conclude that sexual

transmission between men may account for a much larger share of infections than previously believed. A recent review of epidemiological and behavioral data in the Dominican Republic also concluded that the notable declines in HIV prevalence reported were likely due to changes in sexual behavior, including increased condom use and partner reduction, although the study also highlighted high levels of HIV infection among men who have sex with men.

Military Statistics

The Dominican Republic military, known as Fuerza Aerea Dominicana (FAD), consists of approximately 46,000 active-duty personnel, about 30% of whom participate in nonmilitary operations, including providing security. The country allocates 0.5% of the GDP for military expenditures according to *The Military Balance* 2015 annual assessment. The primary missions are to defend the nation and protect the territorial integrity of the country. The army, twice as large as the other services, comprises approximately 26,000 active-duty personnel. The FAD is second in size to Cuba's military in the Caribbean. The estimated HIV prevalence rate in the military is 0.6%.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff have been working in collaboration with the US MLO in Santo Domingo and the FAD. In FY15, the implementing partners for the FAD were PSI and RTI International.

OUTCOMES & IMPACT

Prevention

In FY15, prevention activities were scaled down from service delivery to TA only to follow-up with prevention activities from the prior year. RTI provided PHDP training to medical staff and TA in the program's implementation.

Other

NAMRU-6 staff supported the FAD through a regional program for the improvement of military laboratories in Latin America to improve the technical proficiency of lab personnel in HIV, other STI, and TB diagnostics, and overall lab quality improvement efforts. Both hospitals in follow-up have improved their scores significantly and have taken measureable steps toward accreditation.

Johns Hopkins University Applied Physics Lab and NAMRU-6 provided support to the FAD by developing and implementing systems for disease surveillance and program monitoring in collaboration with DHAPP. These systems were deployed and are receiving ongoing support through training and further computer system development.

Planned activities for HTC services for PSI in FY15 were canceled following an HIV yield analysis and reduction in geographic footprint of the program. Support was provided to the military to enable continuation of PITC and

voluntary HTC services beyond PEPFAR support through effective monitoring and evaluation processes. A staff appointed by the Dirección General del Cuerpo Médico y Sanidad Militar de las Fuerzas Armadas was trained to monitor progress of HTC in military health centers. TA was provided to modify an existing Excel-based database to facilitate information between testing sites and the governing body. Additional staff at each testing site will be trained to support implementation of the reporting system in the future.

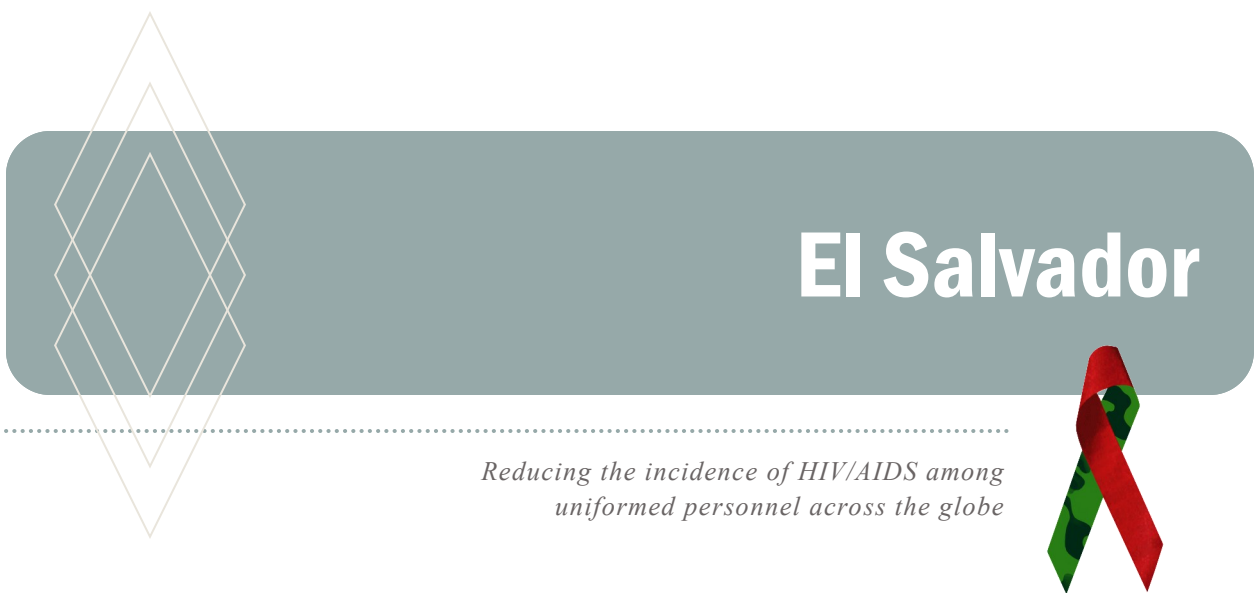
FY15 efforts focused on information gathering to better understand linkage to care, service provision, and patient flow in military hospitals. A strategic planning workshop was held with key stakeholders from 3 military hospitals selected for support. PSI and DHAPP staff led the discussion on intervention strategies, including sustainability measures and reducing stigma and discrimination, which were agreed upon with the hospital directors.

In preparation for the upcoming SABERS, a workshop on HIV updates and refresher training was held for staff involved in counseling for the survey. A total of 18 counselors, psychologists, and peer educators participated in the event.

Proposed Future Activities

Future activities will support uptake and quality provision of HIV care services for the FAD. All activities will include a geographic focus on the capital city, Santo Domingo. Other activities will include the SABERS to determine HIV prevalence among the FAD. Planning for the survey has already begun.





El Salvador

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uniformed personnel across the globe*

BACKGROUND

Country Statistics

El Salvador is the smallest and most densely populated country in Central America. The country has an estimated population of 6 million people, with an average life expectancy of 74 years. Spanish is the official language of El Salvador, with Nahua spoken among some of the country's Amerindian population. The literacy rate in El Salvador is estimated at 88%, evenly distributed between men and women. El Salvador's 12-year civil war ended in 1992, when the government and leftist rebels signed a treaty that provided for military and political reforms. Although the country is the smallest in the region, El Salvador has the region's fourth largest economy. The economy contracted by 3.1% with the global recession in 2009 and economic growth has remained low, though recovered somewhat in 2015. Remittances accounted for 17% of the GDP in 2014 and were received by about one third of all households in the country. El Salvador was the first country to sign the Dominican Republic–Central American Free Trade Agreement in 2006, bolstering the export of sugar, ethanol, and processed foods. In 2015, El Salvador began a \$277 million second compact with the Millennium Challenge Corporation, a USG agency aimed at stimulating economic growth and reducing poverty to improve the country's competitiveness and productivity in international markets. The estimated 2015 GDP per capita was \$8,300.



HIV/AIDS Statistics

The HIV prevalence in El Salvador's general population is estimated at 0.5%, and there are approximately 21,000 PLHIV (UNAIDS website, December 2015). El Salvador has over 40% ARV coverage and an 85% retention rate for treatment. El Salvador is 1 of 5 Latin American countries to have initiation of

ART in asymptomatic adults with a CD4 count <500 cells/mm³. Because patients begin their regimen with a very low CD4 count, mortality in the 6 months following the initiation of treatment is significant and thus reflected in the figures for retention. The 2014 UNAIDS Gap Report indicated that certain at-risk populations account for a large share of infections in Latin America, such as men who have sex with men, PWID, sex workers, and their partners. The document also reported an HIV prevalence among men who have sex with men in El Salvador of 10%, with an increased testing coverage of 75%–100% for this population.

Military Statistics

The Salvadoran Armed Forces (SAF) consists of approximately 15,300 members, with an Army, Navy, and Air Force. According to *The Military Balance* 2015 annual assessment, 0.6% of the country's GDP is allocated for military expenses. The SAF, primarily made up of young men and women 18–49 years of age, has a 12-month service obligation. In 1987, the first HIV case in the armed forces was detected. In 1994, the SAF medical command approved a directive for a policy, standards, and procedures plan to regulate research, control, and surveillance of HIV/AIDS among SAF personnel.

PROGRAM RESPONSE

In-Country Ongoing Assistance

In 2009, El Salvador joined the other Central American militaries of Belize, Guatemala, Honduras, and Nicaragua in the development of a PEPFAR Partnership Framework, for which the regional interagency PEPFAR coordinator and team sit in Guatemala. From 2009 to 2013 they received funding through the Global Fund, known as COPRECOS LAC, as part of a regional strategy. This funding helped fund office space for the military's HIV program at the main military hospital. Global Fund support ended in 2013 because of a change of the global strategy focusing on key populations. In 2013 DHAPP staff and the US MLO in San Salvador resumed collaboration with the SAF to re-energize its program. In FY14, PSI's affiliate in Central America, PASMO, implemented activities in capacity building of HIV testers and counselors. Also, regional partner RTI International became a new implementing partner in FY14 to provide TA and training of health care providers in the implementation of PHDP and post-test counseling.

OUTCOMES & IMPACT

In FY15, PASMO conducted a training of trainers program in HIV prevention counseling for 21 SAF personnel. Of the 21 personnel trained, 19 completed all requirements to receive MOH certification in FY15. Over the course of FY14 and FY15, these personnel replicated their training with 190 additional SAF members.

RTI continued to support SAF health care providers in implementing the PHDP tool to improve the consistent delivery and reinforcement of critical prevention messages targeted to military PLHIV.

Proposed Future Activities

In FY16, per the direction of OGAC, DHAPP will transition implementing partner-supported activities over to the SAF.

RTI will provide 1 additional year of continued TA to the El Salvadoran military to support an interdisciplinary team of SAF health care personnel in implementing PHDP.

Moving forward, DHAPP will continue to support the SAF through direct military-to-military TA. In FY16, this will include 1–2 SAF physicians’ participation in MIHTP, an intensive, month-long clinical course that will be hosted for Spanish-speaking partner militaries. Additionally, the DHAPP program manager will work with the SAF to improve strategic planning and monitoring and evaluation.



Guatemala



Reducing the incidence of HIV/AIDS among uniformed personnel across the globe

BACKGROUND

Country Statistics

The estimated population of Guatemala is 14.9 million people, with an average life expectancy of 72 years. Spanish is the official language of Guatemala, which has an estimated literacy rate of 81.5%, unevenly distributed between men and women. The 2015 GDP per capita was \$7,900, with an unemployment rate of 4.1%. Guatemala is the most populous Central America country, with a GDP per capita approximately one half that of the average for Latin America and the Caribbean. The agricultural sector accounts for almost 14% of GDP, and 32% of the labor force. The main agricultural exports include coffee, sugar, vegetables, and bananas. The distribution of income is highly unequal in Guatemala, and more than half of the population lives below the poverty line. Guatemala has one of the highest malnutrition rates in the world.



HIV/AIDS Statistics

The HIV prevalence in the general population of Guatemala is estimated at 0.5%, with approximately 49,000 PLHIV (UNAIDS website, December 2015). HIV in Guatemala is spread primarily through sexual activity, and it is growing rapidly among men who have sex with men. In female sex workers, HIV prevalence has declined to 1%, while prevalence among male sex workers is estimated at 18%. A study in Guatemala found that a multilevel intervention focused on female sex workers resulted in a more than fourfold decline in HIV incidence in the population, as well as a significant increase in consistent condom use, which is now estimated at 99% among this group (UNAIDS Global Report 2013).

Military Statistics

The Guatemalan Armed Forces (GAF) consists of approximately 20,000 members, stationed at 85 military bases across the country. According to *The Military Balance* 2015 annual assessment, Guatemala expends 0.45% of the GDP on the military. In a 2003 study, 3,000 military personnel were tested for HIV, and 0.7% of those members were diagnosed as HIV positive. An HIV prevalence rate of 0.1% was estimated based on a behavioral surveillance survey conducted in 2014.

PROGRAM RESPONSE

In-Country Ongoing Assistance

In 2009, Guatemala joined the other Central American militaries of Belize, El Salvador, Honduras, and Nicaragua in the development of a PEPFAR Partnership Framework, for which the regional interagency PEPFAR coordinator and team sit in Guatemala. DHAPP staff are active members of the PEPFAR Regional Support Team for Central America, and a program manager was hired in FY13 to support military programs in Belize, Guatemala, and Honduras. PSI's affiliate in Central America, PASMO, became an implementing partner for the GAF in 2011, and RTI International began assisting in FY14.

OUTCOMES & IMPACT

Prevention

In FY15, PASMO reached a total of 5,146 GAF members with small, group-level HIV prevention education interventions at selected military bases, and 1,869 individuals received HTC services.

Other

The NAMRU-6 Biomedical Informatics Department, in collaboration with DHAPP, provided support to the GAF to fully deploy a Military eHealth Information Network (MeHIN) system for HIV disease surveillance and program monitoring.

The regional DHAPP program manager based in Guatemala worked with the GAF to develop a 5-year HIV strategic plan that was reviewed and approved by the Estado Mayor de la Defensa.



Proposed Future Activities

In FY16, per the direction of the OGAC, DHAPP will begin transitioning implementing partner-supported activities to the military.

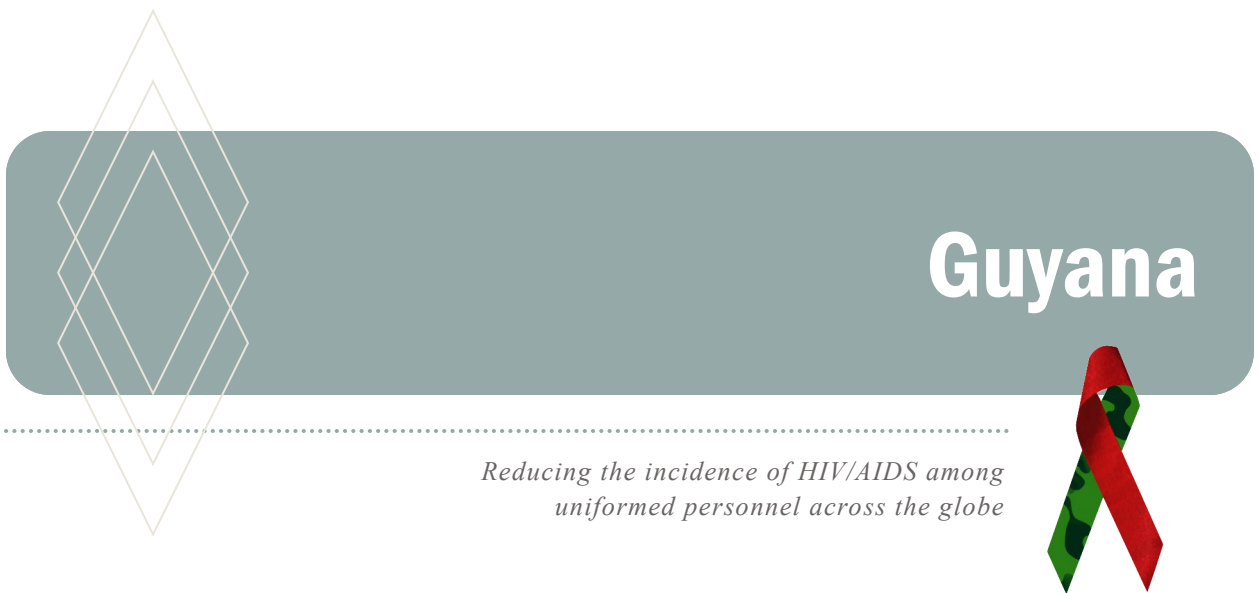
Over the course of the year, PASMO will transition from direct service delivery support to TA in the areas of HIV prevention, HTS, and surveillance activities. Full transition of these activities to the GAF will occur by the end of the fiscal year.

In FY16, RTI will provide TA to support an interdisciplinary team of GAF health care personnel in implementing PHDP activities. NAMRU-6 will continue to provide follow-on support in the deployment of the MeHIN system through user training and help desk support.

GAF members will participate in MIHTP, an intensive, month-long clinical course that will be hosted for Spanish-speaking partner militaries in FY16.

Moving forward, DHAPP will continue to support the GAF through direct military-to-military TA.





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BACKGROUND

Country Statistics

The estimated population of Guyana is 735,000, with a life expectancy of 68 years. English is the official language of Guyana, but other languages are spoken, such as Amerindian languages, Guyanese Creole, and Chinese. The literacy rate in Guyana is 88.5%, evenly distributed between men and women. The 2015 GDP per capita was \$7,200. The Guyanese economy demonstrated moderate economic growth in recent years and is mostly based on agriculture and extractive industries. Nearly 60% of the country's GDP is dependent on the export of 6 commodities: sugar, gold, bauxite, shrimp, timber, and rice. Guyana joined the Caricom Single Market and Economy in January 2006, which expanded the country's export market, primarily in the raw materials sector. In 2014, production of sugar dropped to a 24-year low. Guyana continues to struggle with a sizeable external debt resulting from a state-led development model that was pursued in the 1970s and 1980s.



HIV/AIDS Statistics

The HIV prevalence in Guyana's general population is estimated at 1.8%, with approximately 9,700 PLHIV (UNAIDS website, December 2015). Among sex workers, the HIV prevalence is 16.6% in Guyana (UNAIDS Global Report, 2013). Additionally, men who have sex with men are still a key population, with a 19.4% infection rate, maintained since 2009.

Military Statistics

The Guyana Defense Force (GDF) is estimated at 2,300 troops. According to *The Military Balance* 2015 annual assessment, Guyana allocates 1.2% of the

GDP for military expenditures. HIV prevalence has been estimated at 0.64% among military recruits in Guyana. A SABERS was conducted for the GDF in late 2011.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff members and the US Security Cooperation Office (USSCO) in Georgetown have been working with the GDF. An in-country program manager, who works for the USSCO, oversees and coordinates activities with the GDF.

OUTCOMES AND IMPACT

Prevention

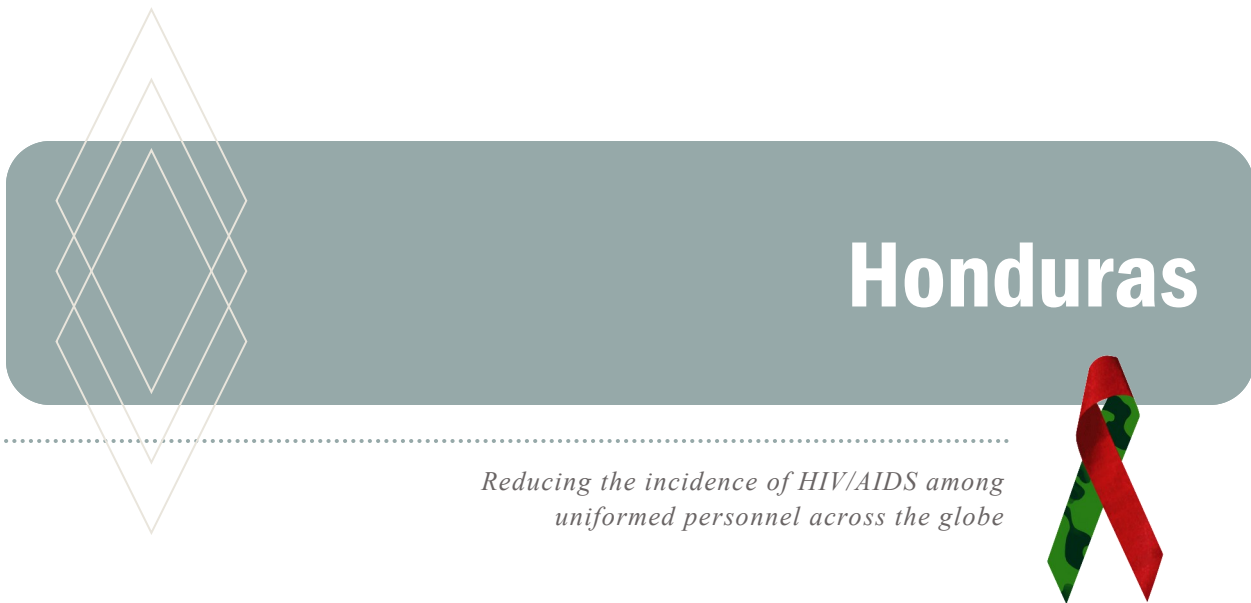
A total of 384 persons were reached with individual and/or small, group-level. Due to various times of unrest in the country and military operational training requirements, prevention activities were reduced from the previous year. In total, 2,278 individuals received HTC services and their test results. HTC services were conducted at the stand-alone sites and via the mobile health unit.



Proposed Future Activities

Mobile HTS will continue at various bases, but special focus will leverage an organized military structure and basic training for all new recruits to provide comprehensive testing services, including post-test counseling. Additionally, testing multiple ranks and high-risk individuals will be continued. Educational materials and strategies including training will focus on reducing GBV and stigma and discrimination. A pilot program for case management for uniformed PLHIV is intended to reduce loss to follow-up and improve ART adherence. DHAPP and program staff plan to implement the second SABERS for the GDF in FY16.





Honduras

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BACKGROUND

Country Statistics

The estimated population of Honduras is 8.7 million people, with an average life expectancy of 71 years. The official language of Honduras is Spanish, and the literacy rate is 88.5%, evenly distributed between men and women. The 2015 GDP per capita was approximately \$5,000, with an estimated unemployment rate of 4.1%. Honduras is the second poorest country in Central America and has an extraordinarily unequal distribution of income and unemployment. The economy depends heavily on US trade and remittances. Modest economic growth was observed between 2010 and 2015, but it was not sufficient to improve living standards for over half the population living in poverty. Historically, the economy relied heavily on a narrow range of exports, notably bananas and coffee, but it has diversified its export base to include apparel and automobile wire harnessing. Honduras faced rising public debt in 2015 and the IMF continues to monitor the 3-year Stand-By Arrangement signed in 2014.



HIV/AIDS Statistics

The HIV prevalence in the Honduran general population is estimated at 0.4%, with 23,000 PLHIV (UNAIDS website, December 2015). HIV prevalence is concentrated in key populations such as men who have sex with men (15%) and male and female sex workers. Honduras has the highest rate of HIV infection among female sex workers in the Caribbean region (6%), with some areas along the coast showing prevalence rates as high as 15%. Additionally, the prevalence among transgender women who engage in sex work is estimated at 27% (UNAIDS Gap Report, 2014).

Military Statistics

The Honduran Armed Forces (HAF), which includes an army, navy, and air force, comprises approximately 12,000 troops. According to *The Military Balance* 2015 annual assessment, the Honduran government allocates 1.1% of the GDP for the military. The HIV prevalence rate in the HAF is estimated at 0.1%, based on a behavioral surveillance survey conducted in 2012.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff are collaborating with USSOUTHCOM, US Joint Task Force-Bravo, and the HAF to support an HIV/AIDS prevention program in Honduras. In addition, PSI and its affiliate in Central America, PASMO, are supporting the HAF with its prevention program. A program manager was hired in FY13 to support military programs in Belize, Guatemala, and Honduras. In 2014, regional partner RTI International began collaboration with the HAF to provide TA and training of health care providers in the implementation of PHDP.

OUTCOMES & IMPACT

Prevention

In FY15, a total of 38 individuals were counseled and tested for HIV and received their results. Thirty-two (32) physicians and nurses were trained in the etiology and management of STIs. Additionally, 11 military personnel were trained in HTC delivery.

RTI provided continued support to HAF health care providers to implement the PHDP tool to improve the consistent delivery and reinforcement of critical prevention messages targeted to military PLHIV.



Other

The NAMRU-6 Biomedical Informatics Department, in collaboration with DHAPP, provided support to the HAF to deploy Military eHealth Information Network (MeHIN) system for HIV disease surveillance and program monitoring.

Proposed Future Activities

In FY16, per the direction of OGAC, DHAPP will begin transitioning implementing partner-supported activities to the military.

Over the course of the year, PASMO will transition from direct service delivery support to TA in the areas of HIV prevention, HTS, and surveillance activities. Full transition of these activities to the HAF will occur by the end of the fiscal year.

In FY16, RTI will continue its TA to the HAF to support an interdisciplinary team of HAF health care personnel in implementing PHDP activities. NAMRU-6 will continue to provide follow-on support to the MeHIN system through user training and help desk support.

HAF members will participate in MIHTP, an intensive, month-long clinical course that will be hosted for Spanish-speaking partner militaries in FY16.

Moving forward, DHAPP will continue to support the HAF through direct military-to-military TA.

Jamaica



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BACKGROUND

Country Statistics

The estimated population of Jamaica is 2.9 million people, with an average life expectancy of 74 years. English is the official language of Jamaica, which has an estimated literacy rate of 88.7%, unevenly distributed between men and women. The estimated 2015 GDP per capita was \$8,800. The Jamaican economy is heavily dependent on services, which now account for more than 70% of the GDP. The country continues to derive most of its foreign exchange from tourism, remittances, and bauxite/alumina. Jamaica's economy faces many challenges to growth, including high crime and corruption, large-scale unemployment and underemployment, and a high debt-to-GDP ratio. The high unemployment level exacerbates the crime problem, which includes gang violence that is fueled by the drug trade.

HIV/AIDS Statistics

The HIV prevalence in the Jamaican general population is estimated at 1.6%, with approximately 29,000 PLHIV (UNAIDS website, December 2015). Jamaica continues to experience features of a generalized and concentrated epidemic and higher HIV prevalence identified among vulnerable populations, such as men who have sex with men (32%), sex workers and informal entertainment workers (2%), inmates (2.5%), and the homeless and/or PWID (8.2%). Over 90% of Jamaicans with AIDS identified sex, primarily heterosexual, as the mode of transmission. However, there is a significant gap in HIV/AIDS reporting of male sexual behavior (UNGASS Country Progress Report: Jamaica 2014).



Military Statistics

The Jamaica Defense Force (JDF) consists of approximately 4,000 personnel distributed among the Ground Forces, Coast Guard, Air Wing, and the National Reserve. According to *The Military Balance* 2015 annual assessment, Jamaica allocates 0.9% of the GDP for military expenditures. A behavioral and serological surveillance survey was conducted within the JDF at the end of 2010 and the findings were presented to key stakeholders in the JDF in 2011.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff have been working in conjunction with the US MLO in Kingston and the JDF on an HIV prevention program for the military. In 2009, Jamaica joined the other Caribbean militaries of Antigua and Barbuda, Barbados, Belize, Bahamas, Trinidad and Tobago, Suriname, and Saint Kitts and Nevis in the development of a PEPFAR Partnership Framework, for which the regional interagency PEPFAR coordinator and team sit in Barbados. DHAPP continues to provide TA to the JDF directly and through PSI and RTI International as the implementing partners.

OUTCOMES AND IMPACT

Prevention and Health System Strengthening

In FY15, PSI reached 245 persons through HIV prevention interventions and tested 240 individuals. PSI also collaborated with the JDF Communications Unit to expand the scope of the “Do the Right Thing” marketing campaign, to increase communication channels outside of the military’s chain of command, produce prevention messages focusing on safer sex practices, encourage partner reduction and HIV testing, and provide education on HIV/STI modes of transmission. Messages are now delivered at major contact points where soldiers typically congregate and interact around the primary military base and a detachment outside of the capital city. Condoms and lubricants were also provided for distribution during BCC interventions.




Twenty-two (22) JDF personnel completed a gender norms training with an emphasis on HIV vulnerability and risk. The intervention addressed cultural norms, expectations and the impact on behaviors, as well as the link to multiple concurrent relationships, transactional sex, and alcohol misuse/abuse. Components of the intervention also addressed stigma, discrimination, and violence related to sexual orientation and gender identity.

In support of health system strengthening, RTI delivered PHDP training to clinical personnel and health care workers, aimed at improving access and quality of care services to the military’s HIV-positive population.


Proposed Future Activities

In FY16, PSI will focus on scaling up HTS to high-risk military members as well as addressing stigma and discrimination, linkage to care, gender norms, and targeted HIV prevention messages. In FY16, the JDF will continue to receive direct TA in support of quality assurance and improvement toward completing the transition to country ownership.





Nicaragua



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BACKGROUND

Country Statistics

The estimated population of Nicaragua is 5.9 million people, with an average life expectancy of 73 years. Spanish is the official language of Nicaragua, which has an estimated literacy rate of 83%, evenly distributed between men and women. Widespread underemployment and poverty contributes to Nicaragua being the poorest country in Central America. The country relies on international economic assistance to meet fiscal and debt financing obligations. Nearly 50% of Nicaragua’s exports are textiles and apparel. In 2013, a newly formed Chinese-run company was given a government grant to finance and build an interoceanic canal at an estimated cost of \$50 billion. The estimated 2015 GDP per capita was \$5,000.

HIV/AIDS Statistics

The HIV prevalence rate in the general population of Nicaragua is estimated at 0.3%, with approximately 10,000 PLHIV (UNAIDS Website, December 2015). Men who have sex with men (MSM) account for the largest share of infections in Latin America, although there is a notable burden of infection among PWID, sex workers, and their clients. There is limited information on modes of transmission in Nicaragua. However, some data exist, such as MSM are 38 times more likely than the general population to be infected. Nicaragua has 70% or greater ART coverage for PMTCT. Between 2009 and 2013, new infections in region decreased by 28% among children and adolescents 0–14 years of age. The Regional Elimination Initiative, endorsed by all countries in Latin America, has had a direct impact on accelerating progress in reducing new infections among children by improving surveillance systems and access to HIV prevention



services among women.

Military Statistics

The National Army of Nicaragua (NAN) consists of approximately 12,000 active-duty members. Eighty percent (80%) of NAN members are 18–35 years of age, approximately 99% of whom are male. According to *The Military Balance* 2015 annual assessment, Nicaragua expends 0.7% of the GDP on the military. Military HIV prevalence rates are unknown.

PROGRAM RESPONSE

In-Country Ongoing Assistance

The US MLO and DHAPP began collaborating with the NAN on its HIV program in FY09. Also in 2009, Nicaragua joined the other Central American militaries of Belize, El Salvador, Guatemala, and Honduras in the development of a PEPFAR Partnership Framework, for which the regional interagency PEPFAR coordinator and team sit in Guatemala. In January 2010, the NicaSalud Network Federation became an implementing partner for the NAN and continues its work today. In 2014, regional partner RTI International began collaboration with the NAN to provide TA and training of health care providers in the implementation of PHDP.

OUTCOMES & IMPACT

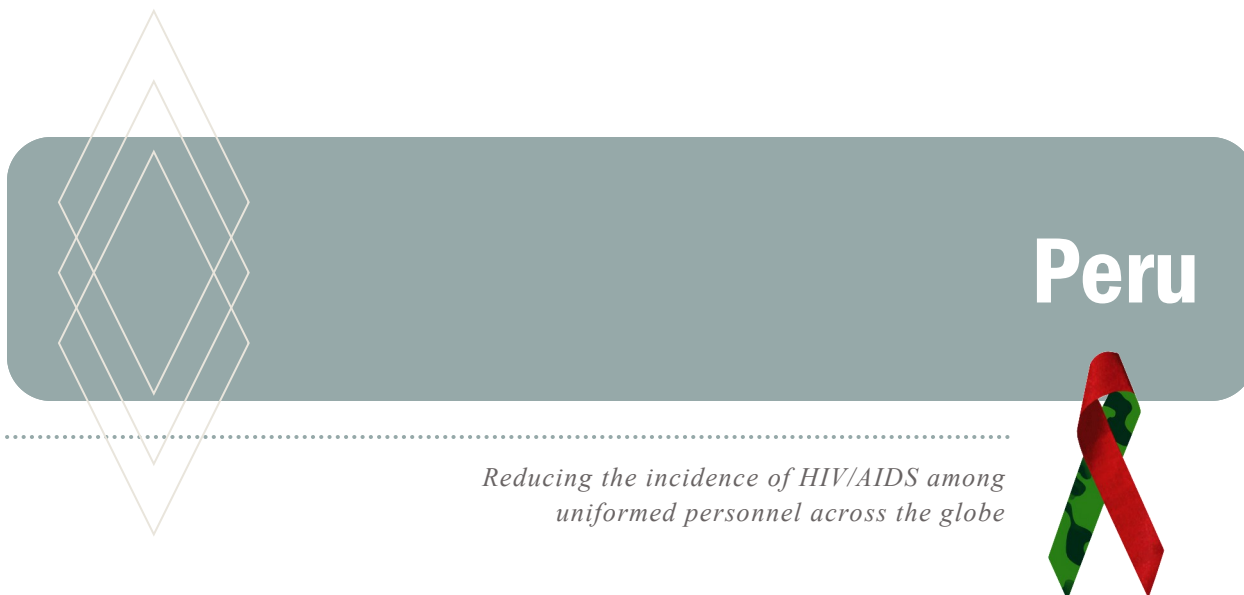
Prevention

In FY15, NicaSalud and the NAN reached 381 military personnel with small group-level prevention interventions that are based on evidence and/or meet the minimum standards required. In addition, 467 individuals were counseled and tested for HIV and received their results.

Proposed Future Activities

In FY16, per direction of the OGAC, DHAPP will begin the handover of HIV prevention activities to the NAN. FY16 will be a transitional year in which DHAPP will provide direct military-to-military support through targeted TA. This will include DHAPP program manager support in creating a 5-year HIV Strategic Plan.





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BACKGROUND

Country Statistics

The estimated population of Peru is 30.4 million people, with an average life expectancy of 73 years. Spanish, Quechua, and Aymara are the official languages of Peru, which has an estimated literacy rate of 95%, unevenly distributed between men and women. The Peruvian economy grew by almost 6% between 2009 and 2013 with a stable exchange rate and low inflation. Metals and minerals account for over 60% of total exports, and growth dropped in 2014 and 2015 due to decreased prices for these resources. The national poverty rate has been reduced by about 28% since 2002. The estimated 2015 GDP per capita was \$12,300, with an unemployment rate of 6.1%. In 2009, the US–Peru Trade Promotion Agreement was implemented, leading to a doubling of total trade between the two countries.

HIV/AIDS Statistics

The HIV prevalence in the Peruvian general population is approximately 0.4%, with an estimated 72,000 PLHIV (UNAIDS website, December 2015). The modes of transmission analysis completed in 2009 determined that men who have sex with men (MSM) account for 55% of HIV incidence in Peru. In Peru, the female sexual partners of MSM account for an estimated 6% of HIV incidence. In Peru, the number of male AIDS cases reported in 2008 was nearly 3 times higher than the number among female cases, although this 3:1 differential represents a considerable decline from 1990, when the ratio of AIDS cases approached 12:1. Peru has over 85% retention on treatment at 12 months after initiation of treatment and will follow suit with other countries in the region by initiating ART in asymptomatic adults with a low CD4 count (UNAIDS Gap Report 2014).



Military Statistics

According to *The Military Balance* 2015 annual assessment, the Peruvian Armed Forces (PAF) consists of an army, air force, and navy (including naval air, naval infantry, and Coast Guard). There are approximately 115,000 personnel in active service. Mandatory conscription ended in 1999, and the current force is composed of volunteers. Approximately 1.25% of the GDP is expended on the military. Peru participates in several UN-sponsored PKOs.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP staff are collaborating with NAMRU-6, Universidad Peruana Cayetano Heredia (UPCH), and the PAF.

OUTCOMES & IMPACT

Prevention

UPCH continued to reinforce the HTC services package among the PAF, including a focus on improved counseling on routine HIV testing, PITC, and linkage to care. HTC services were provided to 579 individuals.

Other

NAMRU-6 staff supported the PAF through a regional program for the improvement of military laboratories in Latin America (PROMELA) to improve the technical proficiency of lab personnel in HIV, other STIs, and TB diagnostics, and overall lab quality improvement efforts. Seven (7) laboratories have participated in the continued follow-up and have shown significant improvement.

In FY15, PROMELA staff developed 3 SLMTA workshops for laboratory personnel across 3 PAF hospitals (Hospital Militar Central, Centro Médico Naval, and Hospital Central FAP) and MOH institutions. A total of 2 health professionals completed the training and developed improvement projects that were implemented at their respective laboratories with support from PROMELA. Two (2) hospitals improved their qualification and demonstrated a 10%–15% improvement.

Proposed Future Activities

UPCH will continue to support prevention activities and expand HTS in 4 cities outside of Lima and Callao. NAMRU-6 will investigate a cluster of HIV cases in Iquitos and surrounding areas, which was identified during routine HTS for the military. NAMRU-6 staff will continue to provide training and assistance in the development of lab-strengthening activities through improvement project implementation. NAMRU-6 will develop guidelines for external quality control for HIV rapid testing using the dried tube specimen technique for implementation in the main Army military bases outside Lima in coordination with COPRECOS and the Health Command for Peruvian Army.





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BACKGROUND

Country Statistics

The population of Suriname is 580,000 people, with an average life expectancy of 72 years. Dutch is the official language of Suriname, which has an estimated literacy rate of 96%, evenly distributed between men and women. The economy is dominated by the mining industry, with exports of alumina, gold, and oil accounting for about 85% of exports and 27% of government revenues, making the economy highly vulnerable to the volatility of mineral prices. Economic growth has declined over the last few years from just below 5% in 2012 to 1.5% in 2015. The country’s economic prospects depend on maintaining responsible fiscal policies, and introducing structural reforms to liberalize markets and promote competition. The estimated 2015 GDP per capita was \$16,700, with an unemployment rate of 9% in 2014.

HIV/AIDS Statistics

The HIV prevalence in the Suriname general population is approximately 1.0%, with an estimated 3,800 PLHIV (UNAIDS website, December 2015). Suriname is one of the few countries in the Caribbean that has experienced a decrease of more than 25% of the incidence rate of HIV infection (UNAIDS Global Report 2010). This is likely due to the increased access to HTC (including the almost-tripled screening of pregnant women) and the nationwide treatment with ARVs and increased availability of condoms (UNGASS Country Progress Report: Suriname 2014).



Military Statistics

According to *The Military Balance 2015* annual assessment, the Suriname Defense Organization (SDO) consists of approximately 1,840 active-duty members. The SDO has an air force, navy, and military police, the majority of whom are deployed as light infantry security forces, primarily tasked with the defense of the nation's borders and providing support to civil authorities as directed. Suriname expends 0.81% of the GDP on the military. No estimates of SDO HIV prevalence rates are available.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP collaborates with the US MLO in Paramaribo and the SDO. In 2009, Suriname joined the other Caribbean militaries of Antigua and Barbuda, Barbados, Belize, Bahamas, Jamaica, Trinidad and Tobago, and Saint Kitts and Nevis in the development of a PEPFAR Partnership Framework, for which the regional interagency PEPFAR coordinator and team sit in Barbados. DHAPP continues to provide TA to the SDO directly and through PSI and RTI International as the implementing partners. In addition, DHAPP has supported the implementation of a key population (KP) program in 6 Suriname districts since FY14, a major focus of the PEPFAR Caribbean Regional Program.

OUTCOMES & IMPACT

Prevention and Health System Strengthening

In FY15, PSI reached 357 military and 898 targeted KP individuals through prevention activities, respectively. PSI focused on military recruits and KPs in the capital, Paramaribo, and surrounding districts. HTC services were provided to 347 military personnel and 324 KP individuals. Both groups received support in provision of commodities, BCC training and interventions, HTC demand creation, periodic HIV informational sessions, targeted information, education, and communication materials, and quality improvements in referrals to clinical services.



Nineteen (19) SDO personnel and 17 key population participants completed a gender norms training with an emphasis on HIV vulnerability and risk. The intervention addressed cultural norms, expectations, and the impact on behaviors, as well as the link to multiple concurrent relationships, transactional sex, and alcohol misuse/abuse. Components of the intervention also addressed stigma, discrimination, and violence related to sexual orientation and gender identity.

In support of health system strengthening, RTI provided PHDP training to 11 clinical personnel and health care workers aimed at improving the access and quality of care services to the military's HIV-positive population.

Proposed Future Activities

In FY16, KP-focused activities will continue, with specific emphasis on successful linkage to care in select geographic locations. The SDO will continue to receive direct TA in support of quality assurance and improvement toward completing the transition to country ownership.



Trinidad and Tobago



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BACKGROUND

Country Statistics

The estimated population of Trinidad and Tobago is 1.2 million people, with an average life expectancy of 73 years. English is the official language of Trinidad and Tobago, which has an estimated literacy rate of 99%, with even distribution between men and women. Trinidad and Tobago has one of the highest per capita incomes in Latin America due to significant direct foreign investment in



energy. It is the leading producer of oil and gas in the Caribbean, leading to heavy dependency on these resources for economic success. The United States is the country's leading trade partner. Renewable energy has recently become of interest. The estimated 2015 GDP per capita was \$32,800. Oil and gas account for about 40% of the GDP and 80% of exports, but only 5% of employment. The country is also a regional financial center, and tourism is a growing sector, although it is not as important as in many other Caribbean islands.

HIV/AIDS Statistics

The HIV prevalence in the general population is estimated at 1.7%, with about 14,000 PLHIV (UNAIDS website, January 2016). Currently, the Caribbean region has the second highest prevalence of HIV/AIDS in the world. Cultural beliefs, a diverse and migratory population, sex workers, tourism, and other concerns have fostered a climate that contributes to the increasing rate of infection. A 2006 study in Trinidad and Tobago found that 20.4% of men who have sex with men (MSM) surveyed were HIV infected. As in several Caribbean countries, the HIV prevalence among prisoners (4.9%) is higher than in the general population (1.7%). The full picture of HIV and AIDS in Trinidad and Tobago remains incomplete with gaps in the epidemiological and

behavioral data. Certain segments of the private health sector have remained out of the reporting loop, since the surveillance system mainly depicts coverage in the public sector (UNGASS Country Progress Report: Trinidad and Tobago 2014).

The National HIV and AIDS Strategic Plan identifies the most-at-risk groups as women, youth, children, prisoners, migrants, sex workers, MSM, and low income earners and their dependents. The limited data available indicate that the high HIV prevalence in some of these groups may indicate a generalized and concentrated epidemic pattern (UNGASS Country Progress Report: Trinidad and Tobago 2014).

Military Statistics

According to *The Military Balance* 2015 annual assessment, the Trinidad and Tobago Defense Force (TTDF) consists of approximately 4,050 personnel. Trinidad and Tobago allocates 1.5% of the GDP for military expenditures. In 2011, the TTDF and MHRP initiated a biobehavioral surveillance study among the TTDF; the study was not completed because of political issues in country.

PROGRAM RESPONSE

In-Country Ongoing Assistance

DHAPP collaborates with the US MLO in Port of Spain and the TTDF on building its HIV/AIDS program. In 2009, Trinidad and Tobago joined the other Caribbean militaries of Barbados, Bahamas, Belize, Jamaica, Suriname, and Saint Kitts and Nevis in the development of a PEPFAR Partnership Framework whose regional interagency PEPFAR coordinator and team sit in Barbados. DHAPP continues to provide TA to the TTDF directly and through PSI and Research Triangle Institute (RTI) as the implementing partners.

OUTCOMES & IMPACT

Prevention and Health System Strengthening

In FY15, PSI and the TTDF worked together and implemented HIV/AIDS BCC outreach and educational activities, developed targeted interpersonal communication materials, conducted training and support of master and peer educators, developed targeted condom outlets, and marketed and promoted condom use and HTC services. The program focused on perception of personal risk, thereby creating demand for condoms and HTC services; increasing self-efficacy for correct and consistent condom use; encouraging individuals to know their status by accessing HTC services; and reducing stigma and discrimination. Through the efforts of the peer educators, 190 individuals were reached with individual and/or small group-level interventions that meet PEPFAR standards. The methodologies used to reach individuals were small group sessions, face-to-face interventions, and satellite table sessions. In FY15, the TTDF reported 51 individuals were tested for HIV. The military also benefited from support in the provision of commodities, direct support of BCC training, periodic HIV informational sessions, and quality improvements in referrals to clinical services.

Ten (10) TTDF personnel completed a gender norms training with an emphasis on HIV vulnerability and risk. The intervention included a blend of small group activities, personal reflection, and larger group discussions that address cultural norms and expectation and the impact on behaviors. In particular, discussions focused on male roles and the link to multiple concurrent relationships, transactional sex, alcohol misuse/abuse, poor health-seeking behaviors, stigma, discrimination, and violence related to sexual orientation and gender identity. All participants completed the minimum 10 hours of intervention.

To support health system strengthening, RTI delivered PHDP training to 11 clinical personnel and health care workers aimed at improving the access and quality of care services to the military's HIV-positive population.

Proposed Future Activities

In FY15, PSI focused on scaling up HIV testing to high-risk military members as well as addressing stigma and discrimination, linkage to care, gender norms, and targeted HIV prevention messages. In FY16, the TTDF will receive direct quality assurance and quality improvement TA from DHAPP, working toward complete transition of the program to the TTDF. In addition, 1 TTDF member will participate in the MIHTP clinical course to receive training in state-of-the-art HIV prevention, clinical management, diagnosis, and treatment, in collaboration with Naval Medical Center San Diego, the University of California, San Diego, and San Diego State University.





Appendix A: Acknowledgments

The Department of Defense HIV/AIDS Prevention Program would like to express thanks to all of our partners worldwide, who worked as a team to make FY15 a resounding success. These talented and dedicated individuals include our colleagues in international militaries, US Ambassadors to our country partners and US Embassy staff members there, as well as partners at DoD, OGAC, CDC, USAID, Peace Corps, Department of Labor, Department of Health and Human Services, universities, and NGOs. Together with DHAPP staff in San Diego, our collaborators around the world continue to win battles in the war against HIV/AIDS in military personnel.

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Human subjects participated in this study after giving their free and informed consent. This research has been conducted in compliance with all applicable federal regulations governing the protection of human subjects in research.

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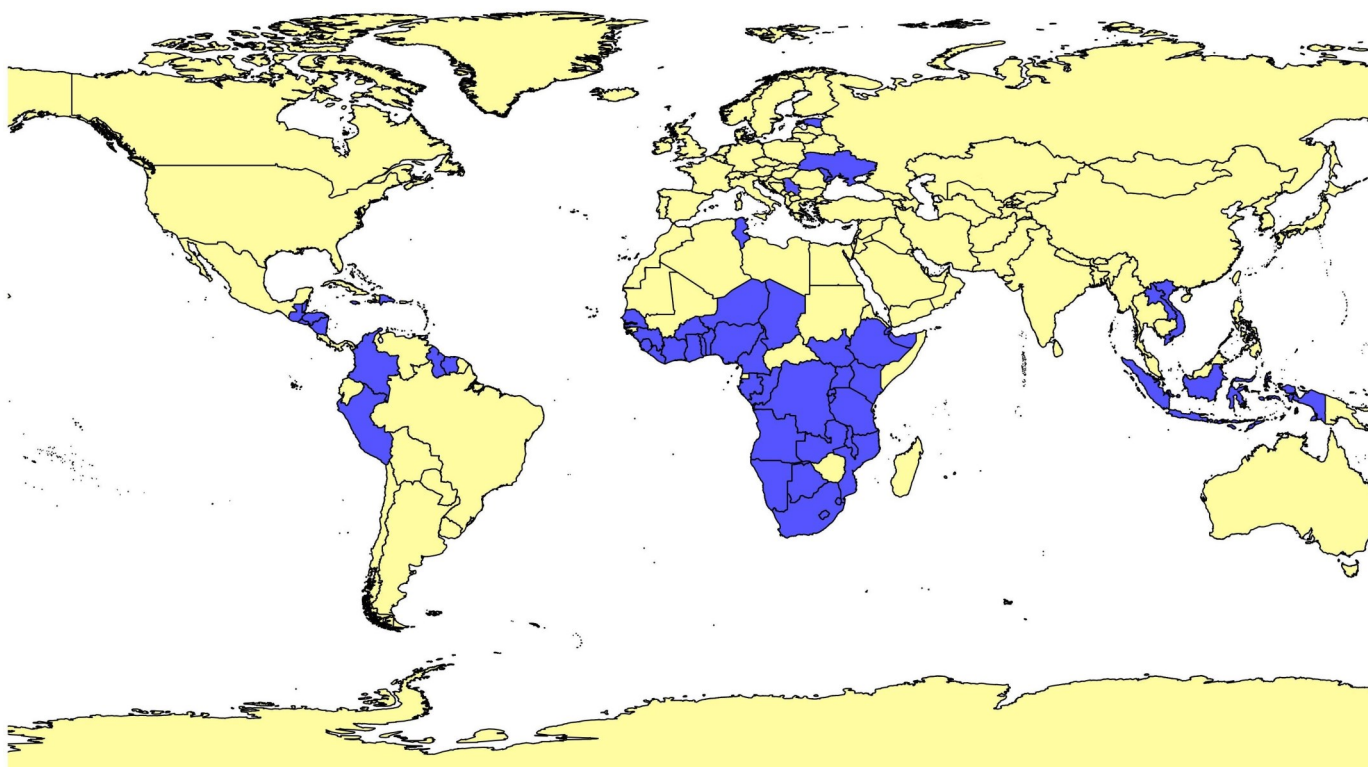
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Appendix D: DHAPP Country Programs by Funding Source

Funding for DHAPP is provided by a congressional plus-up to the Defense Health Program (DHP), as well as funding transfer from the US Department of State from The President's Emergency Plan for AIDS Relief (PEPFAR). DHAPP country programs can only receive funding from one source.

US Africa Command

Angola	PEPFAR	Malawi	PEPFAR
Benin	DHP	Mozambique	PEPFAR
Botswana	PEPFAR	Namibia	PEPFAR
Burkina Faso	DHP	Niger	DHP
Burundi	PEPFAR	Nigeria	PEPFAR
Cameroon	PEPFAR	Republic of the Congo	DHP
Chad	DHP	Rwanda	PEPFAR
Côte d'Ivoire	PEPFAR	Sao Tomé and Príncipe	DHP
Democratic Republic of the Congo	PEPFAR	Senegal	PEPFAR
Djibouti	PEPFAR	Sierra Leone	DHP
Ethiopia	PEPFAR	South Africa	PEPFAR
Gabon	DHP	South Sudan	PEPFAR
Gambia, The	DHP	Swaziland	PEPFAR
Ghana	PEPFAR	Tanzania	PEPFAR
Guinea	DHP	Togo	DHP
Kenya	PEPFAR	Tunisia	DHP
Lesotho	PEPFAR	Uganda	PEPFAR
Liberia	PEPFAR	Union of Comoros	DHP
		Zambia	PEPFAR

US European Command

Estonia
Moldova

DHP
DHP

Serbia
Ukraine

DHP
PEPFAR

US Pacific Command

Indonesia
Laos

PEPFAR
PEPFAR

Timor-Leste
Vietnam

DHP
PEPFAR

US Southern Command

Belize
Colombia
Dominican Republic
El Salvador
Guatemala
Guyana

PEPFAR
DHP
PEPFAR
PEPFAR
PEPFAR
PEPFAR

Honduras
Jamaica
Nicaragua
Peru
Suriname
Trinidad and Tobago

PEPFAR
PEPFAR
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